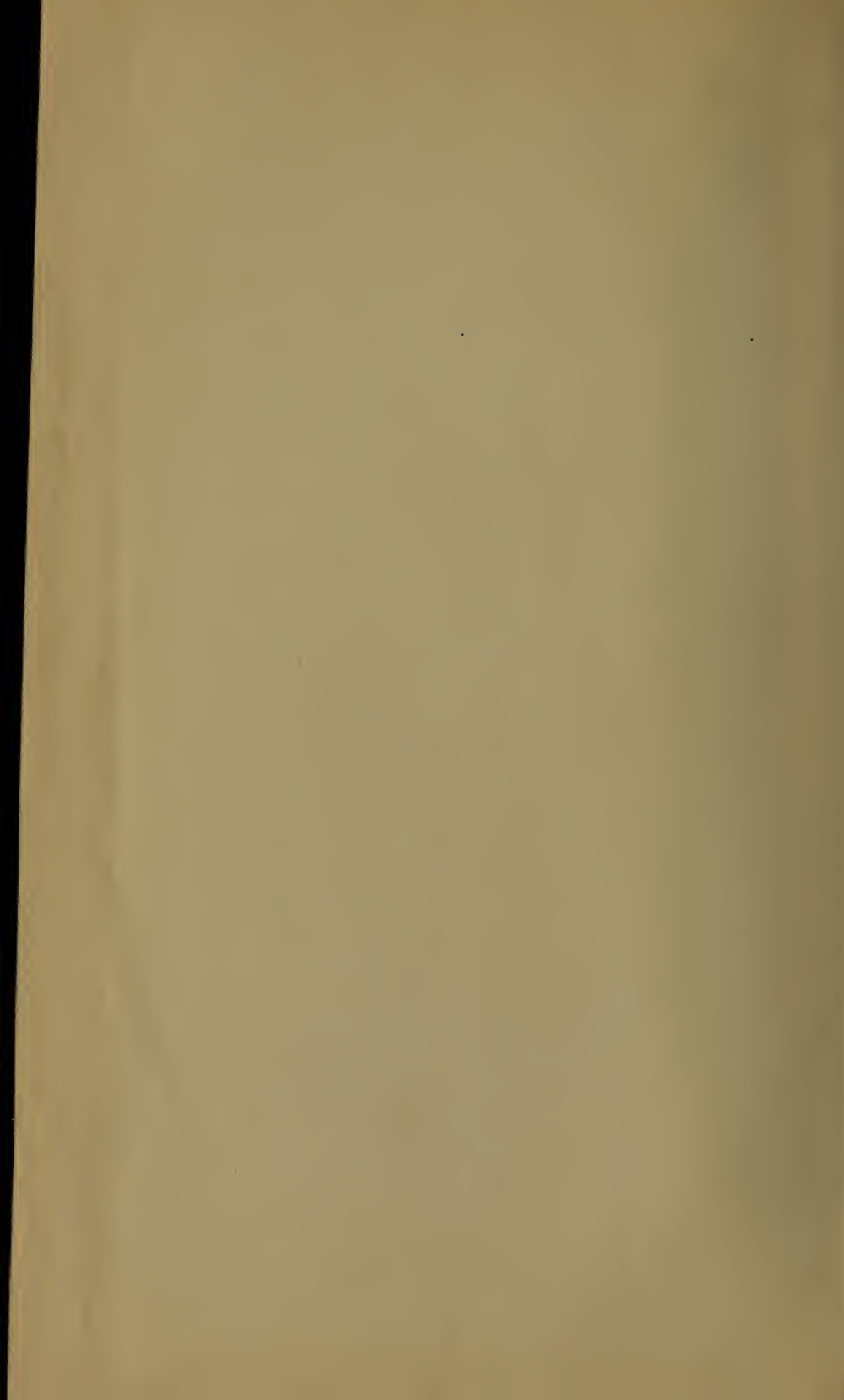


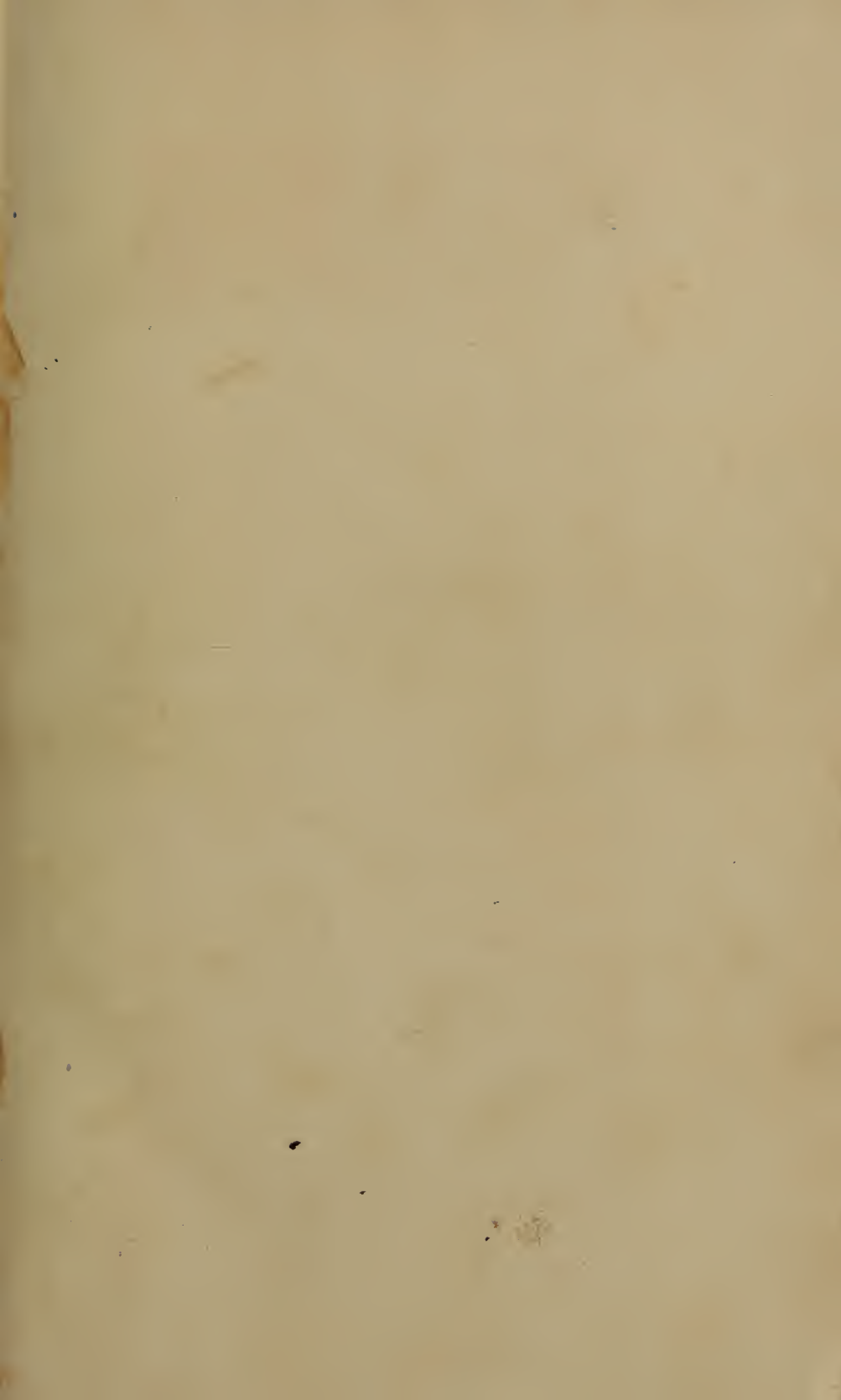


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A
DOMESTIC HANDBOOK
OF THE
DISEASES OF WOMEN
AND OF
MIDWIFERY,

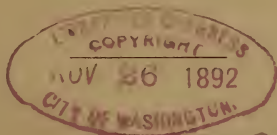
WITH SUPPLEMENTARY CHAPTERS.

BY

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PREFACE.

THE domestic treatment of the Diseases of Women and Midwifery is naturally confined within somewhat narrow limits. There are few, if any, women who are not better physically for a knowledge of diseases and conditions peculiar to their sex. They know better how to care for themselves, to prevent diseases, to recognize dangerous conditions while they are still curable, and thus to save themselves from much pain and suffering. Many women live where competent physicians cannot be procured, and reliable information concerning their troubles means health and even life itself.

The illustrations in this book have been prepared with great care by experts to insure clearness and accuracy, and the descriptions are plain and practical.

Some of them have been adapted from those in the writings of such distinguished authors as Tarnier, Schultze, Skene, Ludlam, Heitzman, Reibmayr, and Coe.

The publishers of "Babyhood" have kindly allowed the use of illustrations on pages 230, 232, 241, and 249.

A chapter on Sexual Hygiene has been bound separately for obvious reasons.

There have been many inquiries among my patients for a reliable domestic work of this kind, and the author presents this book to the public with the hope that it will fill a long-felt want, and meet with hearty approval.

G. R. SOUTHWICK, M. D.

BOSTON, MASS.,
460 WEST CHESTER PARK,
July 1, 1892.

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PART FIRST.

A DOMESTIC HANDBOOK

OF THE

DISEASES OF WOMEN.

DOMESTIC HANDBOOK
OF
THE DISEASES OF WOMEN.

CHAPTER I.
INTRODUCTION.

THE value of a book is often diminished by not knowing how to use it. The author, therefore, desires to make some remarks on the best way to understand this work. Great care has been taken to give the reader accurate information, and to describe the treatment as clearly as possible. Unsafe measures, theoretical or untried remedies, are not mentioned. The advice given in its pages has been used repeatedly with success by the author in some years of experience in foreign hospitals, home institutions, or in private practice, also as a teacher for the past ten years in one of the most prominent medical schools of this country.

It is not to be supposed that every disease or every remedy is mentioned. It would only confuse the reader uneducated in medicine, and serve no good purpose. All those diseases suited to domestic treatment are carefully considered, and as far as such treatment can be of service, it is fully described. The chapter on "Anatomy" needs to be read carefully, to obtain a correct knowledge

of the relation of the parts to one another and of their correct names. If terms are employed which are not understood clearly, reference to any good dictionary will make plain the meaning.

When the reader desires information on any particular subject, the index should be consulted. The greatest difficulty will be the selection of a remedy. It is scarcely probable that the most difficult thing for a physician to do correctly will be easy for a layman. The presence of only one or two symptoms makes a case generally difficult to prescribe for, as there are so few indications. Almost always in such cases careful observation will detect constitutional peculiarities or conditions of being better or worse, which will give the correct clew to the remedy. In other cases, the multitude of symptoms seems to indicate any remedy in the *materia medica*. The same principle here of observing constitutional symptoms and conditions of aggravations and ameliorations will certainly narrow down the list of remedies to a limited number, when a careful comparison of symptoms will enable the reader to prescribe correctly in most cases. The large number of symptoms given is often perplexing, especially when the sick person does not experience half of those mentioned. The rule is a good one, that for a remedy to be indicated there should be three clearly defined and separate symptoms; additional ones may be desirable, but it is not necessary for every symptom to be present which is mentioned under a remedy. For instance, delayed and scanty menstruation (one symptom) in girls or women of a timid, sad, or melancholic disposition (constitutional symptom), subject to palpitation of the heart or constant chilliness,

better out of doors and worse in a warm room and in the evening, furnish excellent indications for *Pulsatilla*, and other symptoms indicating it would add to its importance.

The term "constitutional symptoms" has been employed, which implies a classification of symptoms into constitutional and non-constitutional groups; the former refers to the peculiarities of an individual, the temperament; conditions of skin, of circulation, of perspiration, of menstruation; of getting worse and getting better; all of which have reference to the individual and her constitution, and are often of more importance in selecting a remedy than more prominent and local symptoms. It is strange, but true, that the symptoms which are often complained of the most, as local sensations or pains, for example, are often of little importance, and are less reliable than the constitutional symptoms in selecting the best remedies. The non-constitutional symptoms are almost always the more prominent and usually are directly connected with localized disease. Take, for instance, *Silicea* and its indications for painful menstruation. We will note first the constitutional symptoms, oversensitive, weakly women, fine skin, pale face, light hair, light complexion, and lax muscle; or nervous, irritable women with dry skin, subject to diarrhoea or constipation, and perspiration at night. They usually feel better in a warm room and from wrapping up warmly, and are worse in the open air. They are subject to offensive sweating under the arms, and more often of the feet, with soreness between the toes, brittle finger-nails and hang-nails. These symptoms are constitutional, and have no special connection with any one

disorder ; but they show the susceptibility of the constitution to *Silicea*, so that if other symptoms were vague, these alone would point to the correct remedy with considerable certainty. The non-constitutional symptoms for *Silicea* will now be mentioned, and you will observe they are much more prominent, though not more important than general constitutional symptoms remote from the seat of disease. Some of them partake of a constitutional character, such as icy coldness of the whole body at the commencement of the menstruation, and always being cold during the menses, while the following are of a non-constitutional character : Agonizing pains during the first day and a half of the menses, flow very profuse, dark colored, clotted, a little offensive and protracted, sometimes excoriating the thighs ; watery or milky discharge, instead of the regular menstrual discharge ; itching, burning, smarting, or soreness about the external parts ; diarrhœa just before menstruation and with the first part of it. These symptoms are all important, and would indicate the remedy, if no constitutional symptoms were observed. The fact is, that, with very rare exceptions, both classes are present, and I desire to emphasize the fact that we cannot remove one group of symptoms from the organism and treat those alone, any more than we can blot out the central figure of a beautiful painting without defacing it. The human organism is most marvellous in composition, and the intricate and delicate adjustment of its component parts requires harmony of action between them ; a defect of any one portion always disturbs that finely adjusted balance of action which we call health.

Accurate prescribing of medicine can be likened to the fine arts. Any one can daub, and but few can paint with the genius of a great master. Any one can prescribe medicine, but there are very few physicians who can prescribe exactly the right medicine every time. Prescribing is not merely mechanically dealing out drugs. It requires a keen discernment of the value of symptoms, of a patient's constitution, and extensive knowledge of drug action, which may well be called a genius for prescribing, and is not common among physicians. This being the case among medical men, non-medical persons should not be surprised when they fail to obtain the desired results. The physician fails often to cure a case because the patient has not mentioned fully everything in connection with it. An excellent plan is to take the list of questions given below for a guide in stating your case to your physician, as well as in writing down the symptoms for self-treatment and comparison with the symptoms mentioned in this book.

It may be well to state here that these symptoms are too minute to be understood by allopathic physicians, but always will be appreciated by a careful prescriber of homœopathic remedies. It is no spirit of sectarianism which compels me to state what I *know to be a fact* and have repeatedly witnessed, *i. e.*, the superiority of homœopathic remedies in treating diseases of women. It entirely does away with a large amount of local treatment, excepting cleanliness, and will save patients from an operation in more than seventy-five per cent of cases applying for treatment. There are some things, such as tumors and laceration of various tissues, which

require surgical aid ; but excepting this limited class of patients, nearly all can be cured by homœopathic remedies, and with but little local treatment. Did women only half appreciate these facts, the saving of those ordeals for unmarried women and mothers, the pain often caused by local treatment, the use of strong caustics, and the common resort to removing ovaries, which might be avoided by homœopathic remedies, there would be fewer specialists among the allopathic fraternity. It is true that such treatment finally results in curing many patients, but at a fearful comparison with the method advocated. *Mild* local treatment is used with much advantage in some cases ; but the local treatment in the two schools of medicine differs considerably and should, with rare exceptions, be entirely secondary to the action of medicines.

The arrangement of the remedies is simple. The most important are distinguished by a double bar (**II**), the next important by one bar (**I**), and the more common remedies are not marked. The most characteristic symptoms are usually given in *Italics*. These marks merely indicate the relative importance of remedies and symptoms, and are not to be used in merely guessing that because a remedy has a double bar and the most symptoms, it is the remedy to use. The rule is to use always that remedy which gives the best description of the patient and her feelings.

Immediate relief is sometimes given, but it is the exception to the rule. It is characteristic of most of the diseases peculiar to women, that they develop slowly and insidiously, and before the patient realizes it her complaint is chronic and has obtained a firm hold on

the organism. Such conditions of disease always require time and patience to overcome them. A remedy ought not to be taken by hazard or guesswork, but by a careful study of the case, and one well-selected remedy is better than two medicines taken in alternation. The directions for taking medicine are given in each chapter. The frequency for acute cases varies from two to four hours apart, according to the severity of the symptoms. In chronic cases, the frequency of the dose varies from three times a day, half an hour before meals, to once in one or two weeks. A common mistake is to change the remedy too soon, which is sometimes done by physicians. In acute cases, as they occur in diseases of women, the remedy should be continued one day at least, and better two, before changing, and in chronic cases no change should be made for one or two months. It sometimes happens that, soon after a dose of medicine has been taken, the patient feels worse. This means, as a rule, that the selection of the remedy has been correct, but that it is too strong. Under these circumstances, if the remedy has been prepared in water, mix one part of this and add ten times as much water, and continue the last mixture with the same frequency and dose as with the former mixture. If the remedy is in pills, powder, or tablets, procure a fresh bottle of double the decimal of the first, and take it in the same way; *i. e.*, if aggravation followed the use of the third decimal preparation, then use the sixth.

The use of the third decimal preparation of drugs leads me to make some explanation of its meaning. In homœopathic pharmacy the purest and best drugs it is possible to obtain are prepared with alcohol if they are

soluble, or ground with sugar of milk if insoluble ; the former results in a liquid preparation, and the latter in a powder. These preparations are graded on a decimal scale ; the larger the number the finer the subdivision of the original substance, and the less there is of it. The scale is written by the number of the scale, and x for ten after it ; *i. e.*, 3x means the third decimal preparation.

Pills of different sizes are made of sugar. Four of number three medicated pills are an ordinary dose. Disks are made of the same material, are more absorbent than pills, and are about the size and shape of split peas. One medicated disk is a dose. Pills and disks are used to absorb the liquid medicine, which is so easily spilled in the pocket. The rule in medicating them is to pour on enough of the liquid medicine to thoroughly saturate the pills or disks. After a few months they will dry up and need to be saturated again. A bottle or cork should never be used for any other than the original remedy. Washing the bottle will not cleanse it sufficiently to safely put another kind of medicine in it. The powder may be taken as it is, dry on the tongue, either what will stay on the point of the penknife, or a powder the size of a pea, for a dose. The powder is also prepared by the pharmacist by mixing it with alcohol and pressing it in glass moulds into small tablets, one tablet constituting a dose.

Liquids and powders can be mixed in water, which sometimes promotes the action of the remedy. The amount to mix varies with the strength of the remedy ; but if the third decimal preparation or a higher number is used (the third is generally recommended), mix eight

drops of the liquid medicine in eight tablespoonfuls of cold water ; or if the medicine is in powder form, as much powder as will lie on a ten-cent piece is the proper proportion to the above amount of water. Two teaspoonfuls is the dose of either mixture, which should be kept covered in a cool, dark place.

Such dilutions of drugs, even when they are of the utmost purity, seem hardly efficacious ; but the great fact which every sick person has in mind is to get well. All things equal, the less medicine taken the better, for the system has to dispose of it in some way, and the less it is taxed, the better for the patient. Homœopathy aims at giving as much medicine as is necessary to cure a patient, but no more. Experience is demonstrating every day the efficacy of small doses and the danger of large ones.

It is possible that you are situated away from such a physician as you would like to consult, and you desire an opinion or medicine by mail. It is not an easy thing to give an accurate statement of your case, and for this reason I would advise you to follow carefully the schedule given below. If you are a stranger in a place, and desire to employ a homœopathic physician, ask if the physician is a member of the American Institute of Homœopathy and a graduate of a homœopathic medical school in Boston, New York, Philadelphia, or Chicago. There are other good colleges, but these are the more important and the largest. If a physician can answer yes to the first question anyway, and also to the second, he or she is to be considered in good standing. If the answer is negative to both questions, another physician with better requirements should be sought.

Unfortunately there are both educated and uneducated persons who trade upon the name of homœopathy, who do not practise it or know much about it. There is no advantage in employing such a physician. You are perfectly justified in asking for the credentials of a stranger.

The following guide, with a closing paragraph on dietetics, is for those who wish to consult a physician by mail :—

Guide to Patients.¹

Patients wishing to consult a doctor should carefully consider the following questions, and set down the answers, numbering each, in clear and precise terms. They should state *the hour of day or night when they feel better or worse, the conditions relieving or increasing their pains, and any accompanying symptoms. If impatient or depressed, apprehensive or inclined to tears, they should be particular to mention the causes. No symptom, however trivial, should be omitted. Without the above details, effectual, accurate prescribing is impossible.*

Patients should keep a copy of each letter they send the doctor, and read it over, together with the list of questions, before writing again. They will be careful to report *any changes that may take place in their condition*, such as the *disappearance of any old, or the appearance of any new symptoms.*

1. Please state your age ; married or single ; temperament ; complexion ; color of hair and eyes ; inherited diseases.

¹ Arranged from a guide for patients by Drs. R. L. Thurston and Prosper Bender.

2. Height ; weight, increase or decrease lately.

3. Causes of death of parents ; if living, state of health.

4. Previous illnesses ; skin diseases ; discharges suppressed ; enlarged glands.

5.. Cause or causes of present illness, if traceable ; recent, or long standing.

6. Treatment followed ; names of medicines, if known.

7. Disposition ; mental state ; irritability ; impatience ; depression ; weeping ; confusion ; fears ; hallucinations ; anxiety ; groaning ; memory. If any grief or affliction, state its nature.

8. Head. Dizziness. Scalp. Hair. Eyes ; sight. Ears ; discharges ; noises ; hearing. Nose ; discharges ; smell. Perspiration.

9. Face ; expression ; color ; freckles.

10. Tongue ; color. Gums. Mouth ; dryness ; saliva increased ; thirst ; canker ; taste ; breath. Teeth ; upper or lower.

11. Throat ; lump. Tonsils. Palate ; sensations ; hawking mucus, color ; effects of swallowing saliva, liquids or solids.

12. Appetite ; desires and aversions (food) ; hot or cold drinks.

13. Belching, with taste ; relief or not from bringing up wind. Nausea. Vomiting, bile, mucus, food, blood. Hiccough. Heartburn ; acid, bitter risings.

14. Stomach ; distention ; fulness ; lump ; gone-ness ; burning ; better or worse from food ; effects of pressure of clothing.

15. Abdomen (belly) ; distention ; tenderness ; ful-ness ; gone-ness ; rumbling ; relief or not from flatus.

16. Constipation ; stool, form, size, color ; desire to stool without result ; lack of desire if affected by menses.

17. Diarrhœa ; painful ; painless ; character, bloody, watery, fecal, mucus, color, odor ; pain before, during, or after stool ; relief or not from stool ; straining ; frequency, if affected by menses.

18. Piles ; internal ; external ; bleeding ; painful ; itching ; effects from stool ; fistula.

19. Urine ; color ; smell ; quantity ; sediment ; cloudiness, at once, or after standing ; urination, involuntary, painful, urgent ; burning, before, during, after ; frequency.

20. Menses ; late ; early ; scanty ; profuse ; color ; odor ; location of pain ; symptoms worse, before, during, after ; relief or aggravation of symptoms during flow.

21. Leucorrhœa (whites) ; color ; odor ; consistency ; excoriating ; before, or after menses.

22. Womb ; cramp ; bearing down ; ovaries.

23. Cough ; hoarse ; croupy ; dry ; loose ; painful. Sputa (expectoration), scanty, profuse, stringy, color, taste ; sputa, easy, difficult ; not raised, but swallowed.

24. Voice ; hoarse ; weak ; lost.

25. Heart ; palpitation ; pain ; faintness.

26. Chest ; pain ; breathing ; sighing ; oppression ; emptiness.

27. Limbs ; coldness ; numbness ; cramps ; perspiration, cold or warm ; restlessness.

28. Back. Neck. Shoulders. Spine, above or below waist.

29. Sleep, light or heavy ; posture, on back, right or left side. Dreams. Sleeplessness, before or after midnight. Sensations on awaking.

30. Skin ; dryness ; moisture ; eruption ; open sores ; itching ; warts.

31. Fever ; chills ; sweat, hot or cold, odor, partial or general ; thirst, at what stage. Relief, or not, from sweat.

32. Languor ; weakness ; faintness. Restlessness with pains.

33. *Hours of aggravation or improvement ; seat of pain, right or left side ; character of pain, burning, stinging, shooting, throbbing, continuous, or intermittent ; direction of pain ; causes of increase or decline, such as motion in general ; moving the affected part ; lying down, on the back, on painful or painless side ; sitting ; walking ; mental exertion, or excitement ; hot or cold applications ; warm or cold room ; open air ; noises ; jarring ; friction or pressure ; weight of clothes ; eating ; fasting ; drinking ; swallowing ; sleeping ; changes of weather and temperature ; wrapping up warmly ; heat of stove ; washing the part ; light ; sun ; etc.*

Avoid fried or greasy food, salads, pickles, coffee, tea, pastry, hot biscuits, ices, ice-water, and stimulants.

Mineral waters, "tonics," cathartics, "patent medicines," local applications, strong perfumery, confectionery, and strong dentifrice preparations are forbidden. *When under a physician's care no medicines should be used except those prescribed by the doctor himself.*

Eat ripe fruits, vegetables, Graham bread, and easily digested food generally.

I have found Codman & Shurtleff, Boston, Mass., a very reliable firm for the purchase of surgical instruments and similar appliances. In purchasing medicines

I would earnestly caution my reader to procure them direct from one of the following firms, rather than from the ordinary druggist who assures her that his preparation is just the same or just as good. They may be in some cases, but there is no certainty about it.

Boston, Mass. : Otis Clapp & Son, 10 Park Sq., or 2 Beacon St.

Providence, R. I. : Otis Clapp & Son, 317 Westminster St.

New York, N. Y. : Boericke & Tafel, 145 Grand St. and 7 W. 42d St. ; Henry M. Smith, 130 W. 23d St. ; C. T. Hurlburt, 3 E. 19 St.

Philadelphia, Pa. : Boericke & Tafel, 921 Arch St.

Baltimore, Md. : Boericke & Tafel, 228 No. Howard St.

Pittsburg, Pa. : Boericke & Tafel, 627 Smithfield St.

Washington, D. C. : Boericke & Tafel, 938 F St., N. W.

Chicago, Ill. : Gross & Delbridge, 48 Madison Ave. ; Halsey Bros., 27 Washington St. ; Boericke & Tafel, 363 E. Madison St.

Cincinnati, Ohio : A. F. Worthington & Co., 170 W. 4th St. ; George W. Smith, 143 W. 4th St.

St. Louis, Mo. : Luyties Homœopathic Pharmacy Co., 306 W. Broadway ; Mimson & Co., 411 Locust St.

San Francisco, Cal. : Boericke & Runyon, 234 Sutter St.

New Orleans, La. : F. Englebach, 154 Canal St.

Milwaukee, Wis. : Louis Sherman, 448 Jackson St.

St. Paul, Minn. : Taylor & Myers Pharmacy Co., 109 E. 7th St.

Minneapolis, Minn. : Thomas Gardiner, Nicollet Ave.

Kansas City, Mo. : Luyties Homœopathic Pharmacy Co.

Cleveland, Ohio : J. Petlett, 295 Erie St. ; L. H. Witte, 350 Superior St.

Nearly all of these pharmacies will be able to fill orders for syringes, instruments, and most of the prescriptions mentioned in this book. Messrs. Otis Clapp & Son, in Boston, manufacture the cerates and ointments I use, and I can recommend them warmly to my readers.

CHAPTER II.

THE ANATOMY OF THE FEMALE PELVIC ORGANS.

THE subject of this chapter has been the theme for many volumes, but it is quite unnecessary for the purpose of the present work to describe more than is sufficient for the requirements of domestic practice. A woman should have an intelligent idea of those organs peculiar to her sex, which have so much to do with her health and usefulness in life. It is true that a little knowledge sometimes becomes a dangerous thing, and it is equally true that the same knowledge properly used may save health and strength, and enable a patient to state her case with much more accuracy to the family physician.

The external genitals, sometimes called the vulva, refer to those parts outside the body. The two folds on either side are called the labia, or lips in the English equivalent, which is seldom used. The larger orifice between them is the vagina, and in front of this, close to the bony arch, is a small opening not so large as a pipestem which is the mouth to the urethra, a small canal less than two inches long communicating with the bladder. The urine is always passed through this canal, if the bladder and its connections with the kidneys are in perfect condition. Posterior to the vagina and labia is the rectal orifice called the anus, through which the discharges from the bowels pass. The portion of the bowels just above the anus is the rectum. External

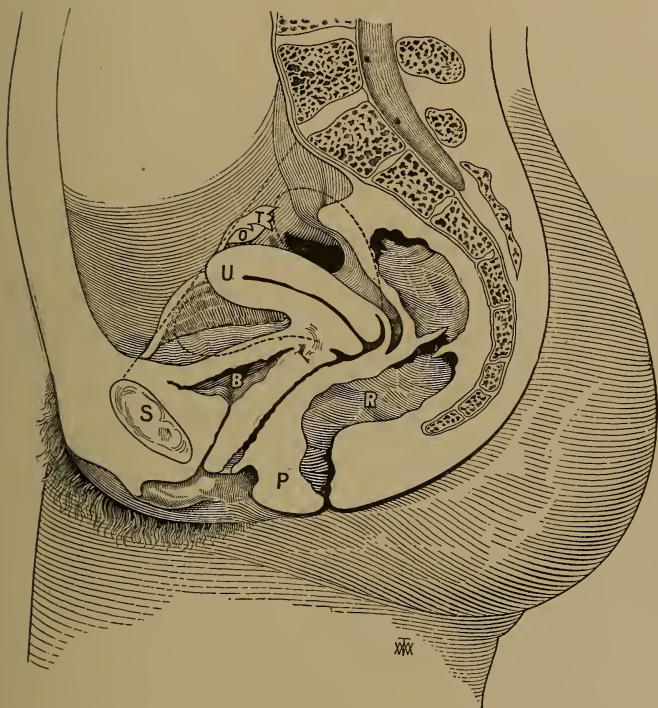
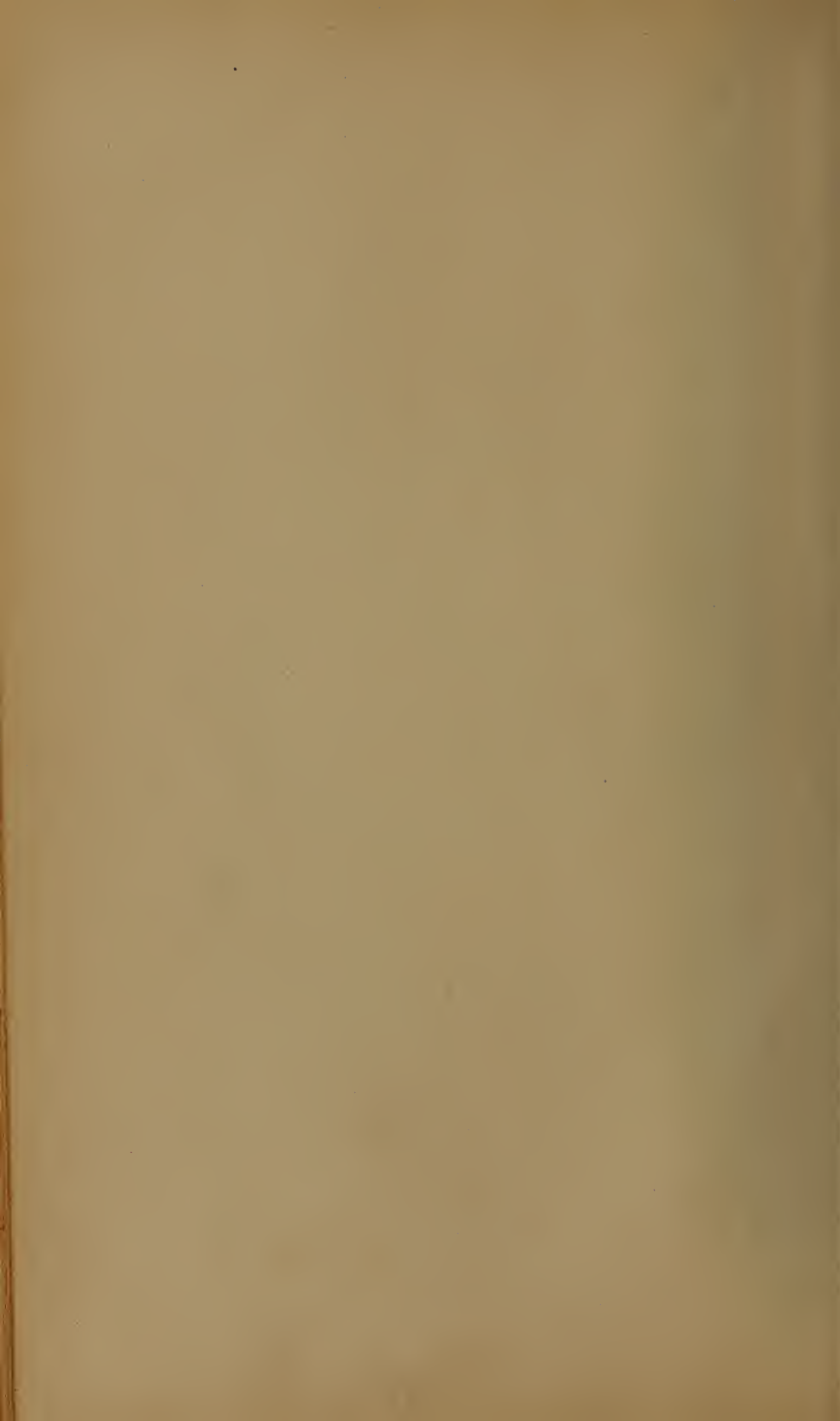


PLATE I.

Section through the body showing the natural relations of the pelvic organs. The dotted lines above and below the uterus show the normal movements of the uterus (U) depending on the amount of urine in the bladder (B). S, symphysis pubis. P, perineum. R, rectum. O, ovary. T, tube. The white band from U toward S is the round ligament holding the uterus in place anteriorly. The vertical lines beneath it indicate the broad ligament.



piles, which are often painful and itch severely, are dilatations of the veins, which protrude like pieces of skin about the anus. Internal piles are similar dilatations within the rectum, and, as they often bleed, are commonly called bleeding piles.

The accompanying illustration was prepared specially for this work with great pains to insure accuracy. It represents the female pelvis and the organs it contains cut straight through in the middle, so as to form two equal halves.

A straight line extends up over the uterus (U, Plate I.) from the top of the symphysis pubis to a projecting portion of the spinal column. This line indicates the boundary between the false pelvis above and the true pelvis below. As the child grows, it develops together with the uterus up into the false pelvis, and then extends up into the abdominal cavity. In consequence of some diseases, more especially rickets in childhood, the projection of the spinal column (the promontory of the sacrum), at the upper of the straight line, projects down too far into the pelvis, and diminishes the space so as seriously to interfere with the birth of the child. This is then a deformed or contracted pelvis. Other forms of contracted pelvis exist, but this is the most common one. Genuine deformity of the pelvis is rare among American women; but it is comparatively common in some European districts, especially in the upper portion of the valley of the Rhine.

The external organs, as mentioned above, will be easily found. The labium is covered with hair. At the back part of it is a depression in which two canals enter. The anterior one is just beneath the symphysis

pubis or "front bone," marked S. This canal is the urethra or water passage, already mentioned, leading to the bladder, marked B. The other canal below the urethra and to the right of it in the illustration is the vagina. This communicates with the uterus above (U), and is the organ of congress. The monthly discharge passes through it, and also the infant in childbirth. It is often mentioned as the front passage, in contradistinction to the rectum (R), which is then termed the back passage. The walls of both the vagina and rectum lie together in contact, and exclude the air under normal circumstances, if the rectum is empty. The vagina is one of the many wonderful provisions of Nature by which it is adapted to her purposes. Though ordinarily it is not much larger than the finger, this small delicate tube is so constructed that it can safely expand in childbirth; then its diameter will exceed three and a half inches, but within a fortnight it regains nearly its former dimensions. It is a canal with the upper portion expanded to secure better retention of certain natural fluids, and closes below at the entrance like a valve to protect important structures within the pelvis, and affords no small support to the uterus.

On further reference to Plate I., it will be noticed that the thin band or strip of tissue between the rectum and vagina, called the recto-vaginal septum, becomes broader at its outer margin on the surface of the body, and forms a portion of tissue wedge-shaped in appearance, with the base downward between the vaginal and rectal orifices, and the apex of the wedge directed upward. This small and apparently insignificant wedge-like strip

of tissue is known as the perineum (P), and plays an important part in the female economy. Intimately connected with the muscles surrounding the rectal and vaginal orifices and the strong muscles on both sides forming the floor of the pelvis, it holds them together like the tie of an arch, and is an efficient bulwark and support to the uterus. Let the reader imagine this perineum torn back from the vagina to the wall of the rectum, and it will be easy to see that the supporting column of the uterus is destroyed.

The consequences are obvious. In the very great majority of cases, especially if the lady be a hard-working woman, the uterus will descend and become misplaced, with all its attendant evils. There are few operations more frequently performed for ladies than those for the repair of this injury, and the author feels compelled to remark that some of the methods employed for this purpose are useless; in fact, but very few operations are really efficient, and that these are never to be attempted by a novice or by any one not specially practised and experienced in the modern surgical treatment of female diseases. Only then will a suffering woman receive that great relief and benefit which follow a successful operation.

The perineum is, unfortunately, very liable to rupture in childbirth, more especially with the first child, and always should be immediately stitched together. The physician who fails to examine carefully after labor for such injuries, and to repair them, shamefully neglects his patient.

The uterus (U) is an oblong organ about the size and shape of a small pear, with the large end upward. In

it the most wonderful changes in the animal economy occur with the processes of childbearing. The lower portion of this hollow muscle, for such is really the uterus, projecting into the vagina like a nipple, is called the neck, or, Latinized, the *cervix uteri*. The upper portion, extending up among the intestines, is named the body of the uterus. A small black line extends through its centre to the vagina and communicates with it. The space above the neck, or *cervix uteri*, is the cavity of the uterus where the infant develops. Leucorrhœa most frequently depends on an inflammation of the lower portion of the canal in the cervix. This portion of the canal in the cervix is called the cervical canal. The menstrual flow comes from the capillary blood-vessels opening into the uterine cavity. If for any reason the cervical canal is very small or becomes spasmodically contracted, the menstrual blood cannot readily escape, and at the menstrual period causes much pain till it is discharged.

Colored Plate I. shows exactly the size and appearance of the healthy cervix, and the change after childbearing, which usually tears the womb. If the tear becomes inflamed, it causes much distress. (See colored Plate II., opposite page 149.)

The position of the uterus shown in the preceding illustration (opposite page 25) is the most natural one, but as the uterus, also known as the womb, is loosely held by ligaments which are not shown, it can be raised or lowered within the natural limits according to the amount of urine distending the bladder. This is shown by the dotted lines similar in shape to the uterus.

The shading and lines above the bladder and uterus represent the peritoneum, a whitish, thin membrane

COLORED PLATE I.

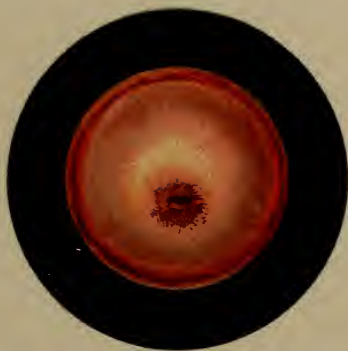


Fig. 1.

The cervix and entrance of a healthy uterus which has not been impregnated. The black ring represents the vagina. (Heitzman.)



Fig. 2

The cervix and entrance of a healthy uterus after childbearing, showing its enlargement and a stellate laceration. The black ring represents the vagina. (Heitzman.)



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PLATE II.

The relation of the bony pelvis and its contents to the surface of the body.
S, symphysis pubis. B, bladder. U, top of uterus. T, Fallopian tubes. O, ovaries.

forming a delicate sack over the bowels and a portion of the pelvic organs. An inflammation of this membrane is called peritonitis, a very serious and often a fatal disease. Observe that this peritoneum covers the uterus. It will be readily seen that any acute inflammation of the uterus is easily communicated to the peritoneum, causing peritonitis. This is why the horrible crime of abortion so often ends in peritonitis, and the woman who thus escapes maternity goes to her grave with her soul stained with the murder of her unborn babe.

On the upper portion of the uterus in the peritoneal cavity is shown the trumpet-like expansion of the Fallopian tube, which really is an inch and a half away from the uterus, and connected with the ovary, one on each side as shown in Plate II. One Fallopian tube (T) on each side extends from the upper portion of the uterine cavity to the ovary (O), and transmits the ovum from the ovary to the uterus. There is one ovary, about the size of the joint and end of the thumb, in each side of the pelvis. The ova develop in them, and it is estimated that there are thirty thousand in each ovary. No new ova are produced after birth, so that if the ovaries are destroyed by inflammation, or if the ovaries are absent or removed, a woman can never bear children. The ovum is the female element concerned in reproduction, and its parts are arranged just like those of a hen's egg. The ovum when it leaves the ovary is only a one hundred and twentieth part of an inch in diameter; yet when impregnated, this microscopic point of matter undergoes that mysterious evolution into a human being, with its almost infinite possibilities.

CHAPTER III.¹

THE CAUSES OF GYNECOLOGICAL DISEASES.

WHY are American women so prone to diseases peculiar to their sex? It may be considered an open question, if they are more affected than women of other nations. They have that reputation, however; and it seems to be true, that those diseases characterized by various disturbances of the nervous system are not only more frequently met with in the United States than in other countries, but are also increasing.

A young woman has completed her education, perhaps with honor; as a girl she was healthy and robust, but for some occult reason a peculiar train of nervous phenomena, called hysteria, is developed.

Like the fly-wheel of an engine without the steadying influence of the governor, there seems to be a lack of correlation of the nervous forces. The nicely adjusted balance between volition and impulse is lost, and the harmonious action of the vital forces destroyed. The fault may be detected in a piece of machinery, but the human organism is so complex in its structure, that neither physiology nor pathology will always enable us to determine where the trouble lies. On further inquiry in the class of cases referred to, we are liable to find an unnatural condition of the monthly periods. They may

¹ This chapter is taken from the second edition of the author's *Practical Manual of Gynecology*, 1891.

be irregular or profuse, and accompanied with a varying amount of ovarian pain. The patient may be subject to severe headaches, and in her later womanhood wonder why she is not as well as some of her friends. Like the hothouse plant, she can endure but little, and is easily affected by her surroundings. Both have been forced to bloom prematurely. At the time of puberty, the nervous forces are directed from their proper channels, and physical vigor is sacrificed to intellectual development.¹ Instead of the outdoor sports and games of boys, rowing, skating, etc., she is taught that such things are hoidenish. While the boys are strengthening their muscles with plenty of outdoor air and exercise, she is practising her music or reading the latest novel. When the menses appear, she is seldom warned and advised concerning them. Instead of taking perfect physical and mental rest at these times, she goes about as usual. Imprudence during the menstrual periods, from ignorance of the consequences, is a fruitful cause of disease. No mother does her whole duty to her daughter who fails to point out and impress upon her the importance of this one thing. At this time, too, the girl just entering into womanhood is undergoing the cramming processes of school life and various accomplishments. The generative organs, which are rapidly developed at this period, may suffer from malnutrition in consequence of the perversion of nerve force. One of our most prominent gynecologists believes this is a fruitful source of

¹ Dr. William A. Hammond has an interesting article on "Brain-forcing in Childhood," in the *Popular Science Monthly* for April, 1887. He believes that much injury is done by sending children to school too young, and with too great a variety of studies.

imperfect development of the sexual organs, with the consequences of various "weaknesses" and sterility, either absolute or relative.¹

The demands of education are not the only ones made upon her. Fashion decrees that she must wear longer and heavier skirts and dresses, too often suspended from the waist instead of the shoulders. Tight-fitting corsets must be added to make the latter fit well, and still further impede the free circulation of the blood. Habits of luxury and ease also play a part. Sitting on stuffed easy-chairs compresses the sides of the pelvis and the blood-vessels, instead of allowing the pressure to come upon the ischial tuberosities, where nature intended. Bodily posture is not without its influence: too often, in sitting down, the pelvis is tilted upward and the body forward, the erect position is lost, and the weight of the intestines allowed to come directly upon the contents of the true pelvis.² A similar

¹ Dr. Matthews Duncan attributes to it, not only sterility, but also "destruction of sensuality of a proper, commendable kind, and its consequent personal and social evils." The writer is quite sceptical concerning this statement, as patients of practically no education whatever in the lower classes complain of this fully as much as the better classes. He would also ask, Why should higher education under the *same* conditions affect the ovaries of a woman any more than the testicles of a man?

Emmet, Principles and Practice of Gynecology, pp. 17-25.

See Address of Dr. Moore on the Higher Education of Women, before the British Medical Association, British Medical Journal, Aug. 14, 1886, p. 295. Though a good summary of the opinions of various persons, he does not found his opinion on a personal investigation of statistics bearing on this question. It is commended, however, by an editorial in the Journal of the American Medical Association, Sept. 4, 1886, p. 267. A very interesting reply, by Dr. Lucy M. Hall, of Vassar College, to Dr. Moore's Address, will be found in the Popular Science Monthly for March, 1887.

See also Health and Sex in Higher Education, by John Dewey, Ph. D., Popular Science Monthly, p. 606, March, 1886.

Compare Herbert Spencer's Principles of Biology.

² Bodily Posture in Gynecology, by Dr. S. J. Donaldson.

condition is produced by wearing high-heeled shoes. All these tend not only to cause, but also to maintain, a chronic congestion of the pelvic organs from the very beginning of her sexual life.

One of the best ways to study the social life of a nation is to observe the caricatures in its literature. Among the most common we see are those of young misses discussing their parties, calls, beaux, fashions, theatres, etc. As if the evils of education and fashion were not enough, society itself must conspire against them, and demand their entrance into it two or three years before that of the opposite sex, the boys, who meantime have enjoyed far better opportunities for physical culture.¹ Girls should certainly be allowed as much time as the boys for higher education. The demands of society at an early age are a great and serious mistake, only adding to the high pressure and the nervous strain to which they are already subjected. Let not these remarks be misconstrued. I thoroughly believe in the higher education of women in whatever direction they may manifest peculiar talent and ability, and I also believe in giving the girls a fair chance.² Dr. Wier Mitchell believes a girl should not undertake hard study till after eighteen years of age. This is practically the opinion of Dr. Conrad Wesselhoeft, who expresses his opinion that a girl should not begin severe study till after sexual maturity; after that, she may work her mind hard. It is not so much study as a lack of phys-

¹ Education of Girls connected with Growth and Physical Development. By Dr. Nathan Allen. In *Journal of Psychological Medicine*, Vol. V., Part 2. London, 1879.

² Dr. Edward H. Clarke, *Sex in Education: or, A Fair Chance for the Girls*. Also, *The Building of a Brain*.

ical exercise, late hours, improper food and dress, which generally injure a girl's health.

The remedy for these things is simple : plenty of outdoor air and physical exercise, rest in a recumbent position during each menstrual period until regularity in time and quantity are established.¹ After this she need not lie down, but ought to have both physical and mental rest. Teach her proper care of herself, and the danger of suppressing the flow by wetting the feet, or sitting on the ground or on cold stones. Keep her a girl and out of society till at least the age of eighteen. From fourteen to seventeen avoid hard study and the reading of light literature. Moderate study with outdoor air and exercise, going to bed early and sleeping long, is not likely to injure any one. There will still be time enough for her to acquire a collegiate education if she wishes, and, if possible, develop into a strong, healthy woman.²

After marriage there are three great causes of uterine disease : prevention of conception, the induction of abortion, and lack of proper care during and after parturition. It is impossible to condemn too strongly the cold

¹ Dr. Mary P. Jacobi, in her essay on *The Question of Rest for Women during Menstruation* (p. 231), expresses her opinion that "mental work exacted in *excess of the capacity of the individual* may seriously derange the nutrition" in young persons; but she thinks there is no need of rest for *healthy women* during menstruation.

² The health statistics of female college graduates, in the Sixteenth Annual Report of the Massachusetts Bureau of Statistics of Labor, show that the health of such graduates bears a favorable comparison with that of non-graduates. It is noticeable that only about one third of the number had married, and one third of these had not given birth to a child. The report unfortunately only comprises 54.65 per cent of college graduates, as the remainder did not answer the circulars addressed to them. The statistics, therefore, can only be considered approximately accurate.

water, acid, or astringent injections used to destroy the vitality of the semen, or the various mechanical measures to prevent the entrance of the spermatozoa into the uterine canal. The injurious effects of such repeated injections, when the generative organs are excited and congested, must be apparent to every practitioner. Very many seek to rob Nature of her due by withdrawal before completing the sexual act. This tends to produce a nervous erethism and chronic congestion.¹ It thus becomes a fertile cause of disease, and is practised in ignorance of the consequences. Nature's laws may be infringed, but sooner or later she demands a heavy penalty.

The induction of abortion, the murder of a child by its parent, is unquestionably the source of many of the diseases which come to the gynecologist for treatment. Its pernicious effects are so plainly evident to every physician, it needs no further comment. Lack of care during and after parturition is more often the fault of the doctor than of his patient. Meddlesome midwifery is practised, a ruptured perineum is not sewed up, he neglects to inquire after the various functions, and ascertain for himself that they are properly performed after delivery. The patient may move about too soon, and over-exert herself in various ways. She may be subjected to coitus early, which never should take place during the three months after delivery. Excessive venery and too frequent childbearing are also causes of much subsequent trouble.

It may not be out of place to mention here what is, to say the least, a great mistake, and a positive wrong

¹ Goodell, *Lessons in Gynecology*, p. 560, 1890.

to our patients. Many a physician has professed to understand and treat cases of uterine disease, of which in reality he knew nothing. Two reasons seem to account for this: first, a desire to make money out of the case; secondly, the fear lest his patient should not think him skilful if he sent her to some one better informed on the subject. In consultations some doctors seek to consult with one who is sure to agree with them, no matter what the treatment has been, rather than one who might advise differently, and aid them in the treatment of the case. This may seem harsh judgment on the profession, but such instances are not infrequently observed. The practice of medicine should be for the good of the patients, and above such mercenary, selfish motives.

Marriage, and especially childbearing, apparently confer a certain amount of protection against some disorders of the climacteric, particularly the growth of fibrous tumors and mucous polypi, if we accept the views of Dr. Emmet,¹ whose observations and statistics differ widely from those of most Continental authorities, though singularly in accord with the theory of Cohnheim.² On the other hand, epithelioma of the cervix is seldom seen in the sterile, and with few exceptions is associated with laceration of the *cervix uteri*. Cancer of the breast is much more common in married than single women,³ and more frequent among those who have than those who have not nursed their children.⁴ Nature seems to have ordained that the cycles

¹ Principles and Practice of Gynecology, p. 548, 1884.

² Vorlesungen über Allgemeine Pathologie, Berlin, 1877.

³ Gross, Tumors of the Breast, p. 280, Am. Cyclop., Gyn., Vol. II.

⁴ Billroth, Diseases of the Female Mammary Glands, p. 132.

of ovulation and menstruation should be occasionally interrupted and held in abeyance, and that the progressive and regressive changes in the uterus during its growth and involution should be essential to the health of women.

The question of marriage with existing uterine disease not infrequently demands our consideration. There seems to be a feeling among the laity, that "she will be all right when she gets married." In the great majority of cases this is quite the reverse, and the patient's complaints are increased instead of relieved. There are, however, some few conditions which are improved or cured by pregnancy and childbearing, such as the so-called obstructive dysmenorrhœa, and various displacements of the uterus. In the latter class of cases, it is very often the best remedy. Where the menses are a little irregular in time and quantity, the marital relations will sometimes regulate them. The various forms of hysteria, and all inflammations of any of the pelvic organs, are likely to be increased. Girls who have reached the age of twenty without any sign of the menstrual flow should be examined to ascertain the cause. It may depend on defective development, and conception will not be possible. If the marriage takes place under such a condition, both parties ought to know there will be no offspring. Only a short time ago I was consulted in a case of this kind, where the young woman had married, hoping it might bring on the menses, and conception result ; but all to no purpose.

Fibroid tumors, which are rare in young women, sometimes raise the question of marriage. Unless the growth be very small, marriage should be distinctly

forbidden till after the tumor is removed. The increased irritation and congestion consequent upon the new relations would tend to favor its growth. Should pregnancy ensue, delivery might be attended with serious complications from dystocia, or post-partum hemorrhage. Fibroid tumors have but little vitality, and the pressure to which they are subjected in labor is liable to cause their death, disorganization, sloughing, and as a consequence puerperal septicæmia. I have in mind, while writing, the death of a young woman from this cause.

Young women in whose family there is very distinct and decided hereditary disease, such as cancer, tuberculosis, or insanity, for two or three generations back, should not marry. Not only will they bestow a fearful legacy on their offspring, but pregnancy and child-bearing very decidedly favor the development of these diseases, particularly the two first mentioned.

The physician is sometimes asked regarding the marriage of relatives.¹ There has been a false alarm among the people and many of the profession concerning it. Idiocy, deformity, albinism, sterility, and especially deaf-mutism, have been attributed to it. All the evidence which has been accumulated by the most painstaking care is to the contrary. The offspring of such marriages are subject to the laws of heredity as seen in other marriages. Peculiarities of either parent are often transmitted to the child, and should both the

¹ Those interested in the subject will find it ably presented, with full bibliography, in *The Marriage of Near Kin*, by Alfred Henry Huth, 1881, and more concisely by C. F. Withington, *Reference Handbook of the Medical Sciences*, Vol. II., p. 272, 1886.

parents possess the same peculiarities, the child is doubly liable to receive their impress. Tendencies for either good or evil thus become intensified in the child, and if scrofula, for instance, exists in both parents, it is twice as likely to appear in some form in the child as if only one parent were affected. Consanguineous marriage is not in itself a true cause of deaf-mutism, but the numerous instances in which deaf-mutism follows such marriages are to be considered as cases of heredity.¹

A lady sometimes asks herself whether it be really necessary for her to consult a physician for diseases peculiar to her sex. While the intelligent study of the following pages will make other than home treatment quite unnecessary for many women, there are cases which need the careful attention of a well-educated and skilful physician. While the writer would regret to interfere with the established practice in any family, he feels compelled to write that a careful prescriber of homœopathic remedies, who makes a correct diagnosis of a case, will usually succeed far better than his neighbor in the allopathic school, and, what is much more important to the patient, will sometimes save her from the surgeon's knife. This is understated rather than overestimated, as he desires that no reader of this book shall find any but reliable and trustworthy information. His statement is based on a long acquaintance with the operations and methods of the best operators and hospitals in Europe and America, and on that familiarity which comes from actual residence among them, besides an extended personal experience and impartial observa-

¹ Edward Allen Fay, Reference Handbook of the Medical Sciences, Vol. II., p. 367, 1886.

tion. As a general rule, it may be stated that a physician should be seen and an examination made if, in spite of carefully following the directions in this book, a lady suffers from any of the following symptoms: pain in the pelvis; severe and continued backache; much bearing down; profuse leucorrhœa, especially if it be offensive or watery and causes smarting; much loss of blood either from too frequent or excessive menstrual period; very painful menstruation and progressive enlargement of the abdomen.

CHAPTER IV.

PUBERTY AND THE CLIMACTERIC PERIOD.

THE advent and close of the menstrual life of a woman are so often attended by phenomena peculiar to these periods, and distressing to the patient, that a brief consideration of them may not seem unnecessary.

Puberty is the milestone which marks the transition from girlhood into womanhood. During it the sexual organs undergo development, and menstruation commences. With the climacteric period, or change of life, these conditions are reversed; the sexual organs atrophy, and the menstrual discharge ceases. Both these periods are influenced by climate, heredity, and habits of life. In very warm climates, the menses appear much earlier than in very cold countries. In some families there is an hereditary tendency to menstruate very early or late in life, and for the discharge to be scanty or profuse, which must be considered in forming an estimate of the normal condition. It is apparent, therefore, that no definite age can be assigned as *the* normal time for the appearance, cessation, duration, or the quantity of the menstrual discharge. The establishment of the flow, however, is more rapid and constant than the period of its cessation. The average age of its appearance is fourteen years and two months; of cessation, between forty-two and forty-five years; and of its duration, four days and a half. The quantity varies so much with different individuals, that

it is best considered normal so long as no ill effects of any kind are experienced in consequence.

At puberty the entire system feels the great change that is taking place ; not only are there active growth and local development, but there is also called into play a remarkable amount of nervous energy. This is very largely due to the intimate connection of the ovaries with the sympathetic nervous system ; hence it is not uncommon for chorea, hysteria, or even epileptic spasms to appear at this time, not to mention the general condition of nervous erethism or excitement. With the establishment of the menses, aided if necessary by proper medication, these symptoms usually disappear.

Menstruation, which is characterized by the periodical discharge of blood from the female genitals once in twenty-eight days, depends on the presence of the ovaries, and is supposed to coincide with the rupture of a Graafian follicle. It therefore marks the childbearing period in women, though instances are recorded of impregnation before the first menses have appeared. The flow of blood comes from the uterine cavity. The superficial and glandular epithelium of the modified mucous membrane lining the cavity undergoes fatty degeneration once a month, disintegrates, and is cast off, leaving the capillaries exposed and readily ruptured, causing the discharge of blood. The blood pressure in the capillaries and the congestion of the pelvic organs being relieved, the flow ceases and the lining membrane of the uterus is reproduced by the proliferation of cells, which were beneath the former or superficial layer.

At the climacteric period the change is retrogressive. The Graafian follicles no longer ripen and cast off ova. The menses become very irregular, and finally cease to appear. While the duration of this period is very variable in different persons, it commonly lasts from two to four years. As might be expected, nervous derangements are very common, especially those of the vaso-motor system. The organism seems to contain a superabundance of blood, and the patient suffers from congestive headaches, impairment of memory, severe flushings like hot water running over her; she becomes over-anxious, and is easily worried. Besides this, nutrition may become perverted, leading to the development of myomas (fibroid tumors) in the unmarried or sterile, and more commonly cancer in fruitful women, when a severe laceration of the cervix uteri is a focus of irritation. Malignant disease may develop in either, if there is an element of heredity. Obesity is of common occurrence. Although this "change of life" is beset with many ailments, chiefly mental, and various neoplasms are far more likely to develop then than at any other time, the patient will, as a rule, enjoy good health afterwards, if she has taken proper care of herself during the climacteric.

Proper hygiene will do much to relieve the various complaints of women at these periods, which mark the rise and decline of their greatest physical vigor.

The periodical losses of blood to the system at puberty, and the demands for increased nutrition, require hearty food in abundance. Meat, milk, and eggs are important articles of diet. Fresh air, sunshine, and exercise are all necessary to the best physical

development, unless we desire to have our girls grow up like bleached celery stalks, and unfit to meet the responsibilities of life. Not less important at this time is absolute physical and mental rest during the monthly flow. If its real value to them in after life could be half appreciated, there would be no grudging the time seemingly thrown away.

Many women suffer ill-health as a consequence of ignorance of proper care of themselves, as has been intimated in the chapter on the causes of gynecological diseases. In many instances I have known years of suffering and very often painful menstruation to follow imprudence in girlhood. No girl can have it too firmly impressed on her mind that there are certain things she must not do at the menstrual periods if she values in the least good health or long life. Good care at the menstrual periods is of special importance, particularly during the first three years in which the menses appear, as at this time the generative organs are maturing.

The things to be strictly forbidden at the menstrual period are, exposure to cold, either in the shape of wetting the feet or skirts, or sitting on stones or cold benches ; thin shoes or slippers in the house or out of it ; exposure to dampness when rubbers will give protection ; long walks, going up many flights of stairs, hard work of any kind, or severe study ; reaching or straining, as in moving heavy furniture, or at stool when much constipated ; dancing is quite out of place as well as indelicate at such a time. It should be distinctly understood that any one of these forbidden items is liable to do serious injury to health, and no excuse should break the ban. Comparatively few of them are

ever admissible at any time. Rest two days before menstruation and during it is of great importance. The consequence of neglecting these things may not appear immediately, but are experienced at the next period. How many girls suffer ill-health the rest of their lives for one foolish act !

Taking cold is not so light a matter as is commonly considered. The way for consumption is prepared most often by constantly taking cold or neglecting one's self. It is not enough to guard against ordinary exposure to cold air or draughts. The clothing should be arranged so that it can be easily adapted to sudden changes of temperature, especially on the seacoast. The fur coat or jacket is much too warm to be worn except for a very few of the coldest winter days, but they are not used in such an exceptional manner. They are dressy and are worn on days when they cause much perspiration and increased liability to cold. Using them continually makes the organism tender, and then wearing a lighter coat is followed by taking cold. A lady should have light, medium, and very heavy jackets or furs, and be particular to change them according to the weather, always reserving fur for only the very coldest weather, and removing it in the house, if for only a few minutes.

The body is often protected and the limbs neglected. Thick shoes, warm stockings, and fleece-lined boots buttoning high up or woollen leggings are not to be despised. For riding in cold weather, when the limbs often become cold, it is a good plan to put on an extra pair of heavy woollen drawers, the legs coming a little below the knee. These can be large enough to slip

over the ordinary covering on the limbs, and be removed again in the house. It should be remembered that warm clothing is important, and also that it is to be removed as far as practicable in a warm room, otherwise it causes perspiration, or the individual becomes accustomed to it, and then derives very little advantage, if not harm, from such an incorrect use of warm clothing.

Young ladies who take cold easily often expose themselves in their toilet. They dress in a cold room and are too long about it, or more often remove all their clothing, put on only a thin, cold, cotton nightgown, and then jump into cold sheets and shiver till they can get warm, besides having the window open on a cold night. It would be better for them to put on a warm vest in addition to a warm nightgown, and be careful how the open window exposes them to any draught during the night. It is hardly necessary to say that while fresh air and open windows are good in their way, it is easy to admit too much air; and when a person has a cold it is better to ventilate a room from the hall or an adjoining chamber than to have a window open in the sleeping-room. Whenever a woman has occasion to leave the bed at night, she should invariably put on slippers and a warm woollen wrap. Going about the room barefoot is taking considerable risk.

How many girls suffer from colds and ultimately from chronic catarrh, a most loathsome disease, because they will not wrap up their heads or necks in cold weather! Fashion and good looks have been the ruin of many. The same is true of wearing evening dresses, low necks and short sleeves, without warm wraps, or

cooling suddenly after dancing. The value of health or even life is never realized till shattered or lost. It is interesting to note that catarrh is almost unknown among Quakeresses, which is due, doubtless, to wearing a bonnet protecting the head from cold.

Another cause of ill health in girls and women is prolonged retention of urine. A glance at the anatomical plate (opposite page 25) is enough to show how a full bladder lifts up the uterus, so that slight exertion is sufficient to tip the uterus backwards where it will remain till replaced by the physician, after possibly years of suffering, as the immediate effects of such a displacement are not observed or are attributed to something else; and the dreaded examination is postponed as long as possible. It should be the rule for a woman to obey the calls of nature *at once*, and to urinate every four hours.

Ladies often are inconvenienced while travelling by soiled menstrual napkins. Instead of the old-fashioned linen towels, I can recommend pads of wood wool, which are very absorbent, cheap, and can be destroyed after using them.

Cleanliness is always important. A full bath should be taken after each monthly period, and in addition, a married woman ought to syringe out the vagina. This passage needs cleansing daily when leucorrhœa (whites) is present. A teaspoonful of *borax* in a quart of lukewarm water is excellent for this purpose.

The hot-water vaginal douche is quite different as ordered by physicians for inflammatory or congestive diseases of the pelvic organs. Six quarts of water at not less than 110° Fahr. are employed. In some cases it answers to sit over the water-closet or chamber if

the douche is taken chiefly for cleansing purposes. This is not a good position, and not nearly as much benefit will be derived from it sitting up as when lying down. The hips should be elevated above the shoulders, and a douche-pan used to receive the water. If the pan tilts up on the mattress from the weight of the body, place a lapboard beneath the pan to give



FIG. 1. Baker's Douche Pan.



FIG. 2. Southwick's modification, to avoid tilting.



FIG. 3. Reynold's Siphon Bedpan.



FIG. 4. Reservoir or Pail for Vaginal Douche.

it a better support. The pail and one of the pans shown in Figs. 1, 2, 3, and 4 are good examples of what is needed. This hot-water douche will do no harm, and will relieve materially the aching, bearing-down sensations which are so distressing to many women. It is also valuable to arrest excessive flowing, when it must be taken at about 115° Fahr., but it must not be em-

ployed indiscriminately for this purpose. It needs to be used every day. Cold vaginal douches are dangerous, and should never be used if a woman values her health.

Medicated douches are often helpful after the large hot-water douche. A pint of equal parts of *Hamelis* and water slowly injected is often soothing for aching in the ovaries. A teaspoonful of the *compound tincture of iodine* and four tablespoonfuls of *glycerine* are excellent for chronic inflammation of the uterus. The iodine must be measured by pouring a teaspoonful of water in an empty bottle, emptying it out and pouring in an equal amount of iodine direct from the bottle of iodine. The reason is that iodine will destroy metals. The application of the preparation of iodine and glycerine is made by using a hard rubber piston syringe, and half the above quantity at a time, *i. e.*, half a teaspoonful of iodine and two tablespoonfuls of glycerine, twice a week. Some burning and smarting may follow the application for a few minutes. Two teaspoonfuls of the aqueous fluid extract of *Hydrastis* and an equal amount of the dark extract of *Pinus Canadensis* added to a pint of lukewarm water is most excellent for leucorrhœa. It should be used daily. It stains indelibly, and ladies must look out accordingly for their clothing.

Hot sitz baths, *i. e.*, hip-baths, are also used for conditions similar to the hot-water vaginal douche and for delayed or scanty menses. The woman merely sits for half an hour in a small tub with the hot water coming up over the hips.

Foot-baths are employed in domestic practice more than sitz baths or hot-water vaginal douches. The

best time to take a foot-bath is in the evening. Select a warm room and a chair with a high seat; throw a heavy blanket over the chair; undress ready for bed, and have a second person bring in a pail or foot-bath tub half full of very warm water, with a heaping tablespoonful of mustard thoroughly stirred in it, also a pitcher of hot water and a couple of Turkish towels. The person taking the foot-bath sits in the chair, folds the blanket over her, and puts her feet in the mustard and water. The second person rubs the feet and limbs, gradually adding hot water from the pitcher, keeping the bath as hot as can be endured. This is continued for fifteen or twenty minutes, when the feet are taken out, a towel hastily wrapped around each foot, and the patient gets into a warm bed immediately and covers up warm without further drying or rubbing; in an hour the towels can be removed from the feet. The chair should be placed near the bed, so there will be no delay in going to bed. A hot-water bag to the feet, and drinking freely of hot, weak lemonade will aid the action of the foot-bath. Suppression of the menses from taking cold, delayed menstruation, and painful menstruation with a scanty flow are well-known reasons for using the hot foot-bath. Cold foot-baths are apt to do injury, and no woman should use them.

The hygiene of the climacteric is at once suggested by the patient's condition. Very little beef is to be eaten when there are symptoms of local congestion, such as rush of blood to the head. Eggs, fish, poultry, game, and vegetables are in order. If there is a tendency to obesity, which the patient desires to

counteract, all food containing much starch, sugar, or milk should be avoided, and water drank sparingly if urea is in excess; fruit, such as oranges, grapes, cherries, and berries, may be eaten *ad libitum*, if they do not disagree with the patient. Plenty of exercise in the sunshine and open air is always advisable. Pleasant society, cheerful surroundings, and enough to do merely to occupy the time without undue fatigue, will materially relieve the mental symptoms.

Having briefly reviewed the subject of this chapter in a general way, it may be well to consider here in more detail some of the anomalies characteristic of each period of life.

The first menstrual period, indicating that the girl will soon become a woman, as well as her capacity for childbearing, is often preceded by congestive symptoms, such as headache, dizziness, nosebleeding, general nervousness, and not uncommonly by a slight whitish discharge of fluid or mucus from the genitals. Some girls mature very early. I have known two sisters who began to have regular periods before they were ten years old. Such instances are rare exceptions to the general rule stated in the beginning of this chapter. Precocious girls, having an old appearance, whose breasts become prominent, and whose hips are broad, are likely to menstruate much earlier than the average. Under all circumstances, mothers should acquaint their daughters with the nature of the discharge, and explain to them the necessity of caring for themselves.

It is highly important for every girl to have considerable freedom from mental or physical labor from the time of the appearance of the first symptoms

preceding menstruation till the flow is fully established, and regular every month. Neglect of this precaution is often the cause of painful menstruation, and much suffering for the rest of the girl's menstrual life.

The period is seldom established at once, but is often irregular, four or five months may intervene between the first and second periods, or even afterwards. If the girl is otherwise well, it is no cause for alarm. Use no forcing medicines. Observe the diet and hygiene already recommended, and the girl will come out all right, though it may be a couple of years before the periods are fairly regular.

Chlorosis.

Chlorosis, or green sickness, is a disease found in girls at or near the age of puberty, the most characteristic feature of which is the anæmic, or pale appearance of the patient. Indeed, the resemblance to anæmia is sometimes so close in practice that the dividing line cannot be drawn between them. It gives a better picture of the disease to call it a special form of anæmia. Dr. Flint states that there is a reduction in the percentage of hemoglobin of the red blood corpuscles, without a corresponding decrease in the number of the latter; and Virchow lays much stress on the arrested development of the vascular system, particularly the aorta. The microscopical examination shows an abnormal paleness of the red elements, without much diminution of their number; sometimes there is a relative increase of the leucocytes. There are frequently poikilocytes and less microcytes and megalocytes.

blasts.¹ Chlorosis is believed to have a nervous origin, as its appearance so often dates from some impression on the nervous system, from the frequency of nervous symptoms, hysteria, etc., in its early development, and, finally, because those remedies which are most effectual in combating it are particularly adapted to the treatment of nervous diseases. It is worth while to remember that it not uncommonly follows an unfortunate love affair. Much stress is laid by some physicians on the importance of a lymphatic constitution, and scrofula, as a predisposing cause.

The symptoms of chlorosis are quite marked. The three most important ones are, absence of the menses or diminished flow; great pallor of the skin, having a waxy or sometimes greenish hue, together with the noticeable feature that the girl does not lose flesh. The extreme pallor of the skin, the pale gums, tongue, and lips, together with the puffy, pale face and white ears at once suggest the disease. Such patients are often nervous, complain of neuralgic pains, palpitation of the heart, chilliness, prostration, weight in the chest, inability to work, and deranged appetite, a fondness of chalk, slate pencils, or pickles is not uncommon. There are often associated with these symptoms others which denote much disturbance of the stomach, particularly ulceration of the stomach. These are pain after eating and localized sensitiveness of the stomach. Hemorrhage from the stomach does not occur in half the cases of ulceration of that organ,²

¹ Jakseh, *Klinische Diagnostik*, p. 28, 1889.

² Ewald, *Verdauungskrankheiten*, p. 248, 1889.

and it is a serious mistake to count on that as a decided symptom, as some writers affirm is necessary.

I have been much interested in the simple treatment of such cases by the distinguished Prof. Oser, and can recommend it from personal observation of many of his cases in the Vienna hospital. He insists on absolute rest in bed. The patient is not allowed to sit up, or even talk. She receives no food, except iced milk in small quantities, at short intervals. Medicine is rarely given. Many cases are practically cured in two weeks, *i. e.*, are well enough to be about without discomfort, though of course it will not do to indulge the appetite freely in all kinds of food and drink. The disease is generally easily cured if not grafted on a scrofulous constitution; but it exhibits little if any tendency to spontaneous cure, and may therefore last a number of years without treatment.

Hygiene is of great advantage in the treatment of chlorosis. Sleep, fresh air, and sunshine, plenty of milk and sweet cream are quite as helpful here as in many other diseases. The products of the frying pan, melted butter, and the time-honored doughnut are to be sedulously avoided, and the free use of beef, poultry, and eggs is to be cultivated. A good hair mattress is far better to sleep upon than a feather bed, while a daily bath in slightly cool salt and water, followed by vigorous friction in a warm room, will do much to improve and stimulate the skin. Tea, coffee, chocolate, and highly seasoned food should be discarded.

Therapeutics.

In the medical treatment of this disease immediate effects are not to be expected, and it is often a matter

of a few weeks before complete recovery takes place. The following are the more common remedies:—

Calcareo carb.^{3x} trit. tablets, a tablet night and morning, is a good constitutional remedy where the patient is scrofulous, fat, flabby, and subject to enlargements of the glands; if there be a craving for pickles, chalk, etc.; if she takes cold easily, has acid mouth and stomach, complains of much difficulty of breathing, swelling of the extremities or leucorrhœa; if she cannot bear tight clothing about the waist; if the head and upper part of the body or the feet sweat profusely and easily, and the feet feel cold and damp in consequence; also, if there is a fear of going crazy, or that people will think her so. This last symptom is not likely to be present.

Ferrum is the best remedy for the majority of cases, but for this very reason it is too commonly prescribed as a routine practice to the injury of the patient when it is not indicated. In domestic practice the writer can recommend the advice of a French physician who employs *Ferrum* 30 dil. a dose night and morning for a week, waits a few days to observe the effect, and then takes it for another week. Should improvement be observed, it is best to continue the same preparation. If there be no improvement in a fortnight, then a stronger preparation can be tried to advantage, if this remedy still seems indicated. This should be the *Citrate of Iron* and *Strychnia*^{3x} trit., a powder the size of a small bean, half an hour before each meal. It is especially indicated by extreme pallor of the face, with occasional sudden red flushes; with dizziness; ringing in the ears; palpitation of the heart;

difficult breathing ; chilliness and a little feverishness towards evening ; great debility ; want of appetite ; nausea, and pale lips.

The imported *Blaud's pills* are another excellent form of iron, and in some cases succeed where the above preparations fail. Be particular to obtain the imported pill with the name *Blaud* stamped on them. Take two pills before each meal, and when better take only one. Improvement will be seen in a fortnight if at all. Buy them in the original bottles, containing a hundred pills, with the wrapper unbroken. This is important, as inferior pills are often substituted and called "just as good."

Ignatia^{3x} disks, a disk before each meal, I have found very helpful when the disease was due to mental or emotional causes, as an unfortunate love affair.

Pulsatilla^{3x} disks, a disk before each meal, is highly praised by some for this disease when associated with menstrual irregularities or suppression. Girls of a mild, tearful disposition, also if they are subject to styes on the eyelids. When the disease has been caused by exposure to cold or dampness, and is attended by frequent attacks of pain in one side of the head, shooting to the ears and teeth ; pain pressive or snapping in character, or changing its location suddenly ; bad taste in the mouth ; difficult breathing ; shortness of breath ; palpitation of the heart ; looseness of the bowels, no two movements alike ; nausea and vomiting ; creamy or milky, bland leucorrhœa and great fatigue, especially in the legs, which go to sleep easily ; pressure and sometimes pain low down in the abdomen ; better in the open air ; worse in a close and

warm room; first menses delayed; menses irregular from exposure to cold or wet.

Sepia^{6x} tablets, a tablet before each meal, if *Pulsatilla* fails. The patient for *Sepia* is apt to have much bearing down in the pelvis; yellow or milky excoriating leucorrhœa, and a sensation of sinking or emptiness of the stomach; eruptions on the skin, which usually itch; yellow spots or patches on the face, and putrid, offensive urine, with a pinkish sediment adhering closely to the vessel.

Arsenicum and *Sulphur* are also good remedies, but are not so commonly used. A French author reports excellent success with *Zingiber*^{6x} disks, a disk night and morning. The remedy is well worthy of a trial, should those mentioned prove insufficient.

The headaches which sometimes attend the menstrual period are very distressing, but fortunately are usually curable if they are not hereditary, and the causes can be removed. Prominent among the latter are plethora, ovaritis, and uterine displacement, besides the usual causes of headache when it is independent of the monthly flow. Too much stress cannot be laid on the importance of removing any abnormal condition of the sexual organs before a cure can be promised.

The headaches are of various types, and the same remedies for the more common forms of headache are applicable here, according to the symptoms. Not only is it necessary to repeat the medicine at short intervals during the attack till there is improvement, but also to give it at intervals afterwards, to avoid or break up the tendency to recurrence of the paroxysms. In obstinate cases, some constitutional remedy, such as *Calcarea*

carb., *Graphites*, *Natrum mur.*, *Sepia*, *Silicea*, or *Sulphur* must be carefully selected, and used persistently for months if necessary, before the patient can be cured.

Therapeutics.

Unless otherwise mentioned, use the following medicines in the 3x preparations, a disk, a tablet, or a powder the size of a pea, once in half an hour during the headache, and night and morning in the interval between the attacks.

Aconite. — An admirable remedy for violent congestive headache due to sudden suppression of menstrual discharge; after fright, or sudden exposure to cold. Restores the menses of plethoric women after their suppression from any cause. Congestion of brain, anxiety; face hot and red, less often pale and red alternately; arteries in the neck pulsate strongly; *restlessness*, with cerebral congestion; pulse full, strong; *skin dry and hot*; sometimes chilly sensations are present. The pain in the head is likely to be severe when *Aconite* is indicated, with a full heavy feeling as if everything would push out of the forehead, or a *burning headache*, which might be compared to the brain being agitated by boiling water; dizziness is common, and the scalp may be sensitive.

! *Belladonna*. — *Severe throbbing*, pulsating headache before or during the menses; also, if this *severe throbbing or stabbing pain follows a sudden suppression of the flow in plethoric subjects*. The face is red and hot, and not infrequently there is much weight or bearing down in the pelvis. The pain in a headache requiring

the use of *Belladonna* is rather more severe than the headache calling for *Aconite*. It is apt to be worse near the close of the afternoon, or after midnight, from noise, motion, moving the eyes, which are *sensitive to the light*, and pupils dilated, coughing, the heat of the sun, near a hot stove, and in hot weather, and sometimes from lying flat down, while a half-recumbent position may relieve it; pressing strongly on the forehead sometimes relieves it. The pain is apt to come and go quickly, or *jerk severely on walking or going quickly upstairs*. The sense of smell is unusually acute, and the mouth is apt to be dry.

Cactus has been commended for pressive headache on the top of the head, resulting from too profuse flowing, also for a similar headache at the change of life, better from pressure, worse from noise and light, sensation of constriction and palpitation of the heart.

Cimicifuga. — Vertigo, *fulness and dull aching on top of the head, dull aching* especially in the *back of the head*, with *sense of soreness* in that region; intense aching, sore pain in the eyeballs; headache worse during the menses from motion and indoors, better in the open air; pains shooting sideways in the pelvis, and upwards from the ovaries; tenderness over the uterus, and *irregular, delayed, or suppressed menses; hysterical or epileptic spasms at the time of the menses*; nervousness increased during menstruation. The woman may feel grieved, sigh a good deal, and be subject to rheumatic pains or sore spots in the muscles, also to nervous shuddering. It sometimes is helpful for headaches in the nape of the neck, caused by displacements of the uterus. In this class of cases no remedy will

cure till the cause of the trouble has been removed by properly treating the displacement.

Cocculus is highly esteemed for menstrual headache in hysterical women, when the head feels empty and hollow, and there is inclination to vomit with *much nausea*, especially when rising up, riding, or swinging, and with *flatulent distention of the abdomen*; much confusion in the head, increased by eating and drinking. Headache worse in the open air, better in a warm room, from rest and lying down; menses too early, with colicky pains; knees weak; feet and hands alternate in going to sleep; soles of feet go to sleep while sitting.

Cuprum. — Spasmodic dyspnœa before the menses; also rush of blood to the head, intense pain extending from the neck into the occiput; cramps in the abdomen, with nausea and vomiting; headache begins twelve to twenty-four hours before the flow, and is better when the latter is established.

Gelsemium. — The writer has had prompt results from the 1x or 2x where it failed in higher potencies. If good is to follow, relief is experienced after two or three doses. As a rule, it needs to be re-enforced by some constitutional remedy given in the intervals between the monthlies. Before or with suppressed menses, *congestion of blood to the head*; bruised feeling, or severe pain in the head and face, of a neuralgic or spasmodic type; *vertigo, blurred vision*, nausea and vomiting; *profuse emission of clear urine, which relieves the headache*; sometimes a feeling of stupor or drowsiness; less frequently chilliness precedes the headache, which is worse from lying down. Trembling and weakness, eyelids are heavy.

I *Glonoine*. — The chief remedy for sudden suppression of the menses in plethoric, full-blooded women, or with scanty menses, accompanied by intense cerebral congestion; violent throbbing headache, increased by every motion; head feels full, face red, pulse full and quick; throbbing from neck extending into occipital region. Often indicated in cases with albuminuria. *Terrible crushing, sinking headache*. The pain is not as severe as in the headache requiring the use of *Belladonna*, which resembles the *Glonoine* headache. The headache requiring *Glonoine* shows more congestion of the brain than that of *Belladonna*. *The head feels full and very large; painless throbbings in it*, which are regular like the pulse; any motion of the head can hardly be endured; headache or throbbing in the head instead of the menses; *if the headache originated from exposure to heat of the sun*, wine or other stimulants increase the headache. Headache usually better at night and in the open air. The *Belladonna* headache is worse in the latter part of the afternoon and again after midnight.

Graphites. — A good constitutional remedy; *menses scanty or delayed*; flow often pale; swelling of the ovaries, without much local inflammation; violent headache with eructations and nausea during the menses, or tearing pain in the epigastrium at this time; constipation, stool dark, large and knotty, half digested and offensive; apprehensive, sad, and despondent moods; numb pain in the head, or a constrictive feeling in the back part of it; falling off of the hair; dry mucus in eyelashes and inflamed margins of eyelids; *moist, sore places behind the ears exuding a watery, sticky fluid*;

moist blotches, or itching pimples on the skin, especially about the chin and around the mouth, soreness and cracking of the lips and nose as if she had a cold. Sense of smell very acute, cannot endure the smell of flowers, nose sore inside, sensation of a cobweb on the face; dislikes meat and sweet things; urine turbid, depositing a white sediment; external genitals itch before menstruation. This remedy is best adapted to corpulent women with large abdomens and unhealthy skins, as indicated above. Very many of the constitutional symptoms mentioned above may be wanting, and yet a remedy be indicated. If all should happen to be present, they only indicate the drug more strongly. It is more valuable as a remedy between the periods to prevent headache than when it really occurs.

Ignatia. — Severe pressing headache during menstruation, with frequent spasmodic yawning, and emission of watery urine every few minutes. It is best adapted to nervous, hysterical women, who are very changeable in disposition, slight blame or contradiction easily irritating them; *inconstant, irresolute, impatient women*; pain either pressive, or like a nail driven out through the side of the head; the head is *relieved by lying on the painful side, or from changing position; frequent sighing*, wants to take a long breath, jerking and twitching of the muscles; headache from coffee, tobacco, or alcohol; worse mornings, from moving the eyes, from stooping, and from noise.

*Natrum mu*³⁰. — Headache before, during, or after the menses, with depression of spirits; heavy pressive pain in the forehead over both eyes; severe bursting headache, also dull, pressive, stupefying headache;

headache in schoolgirls, especially in the morning; beating headache, or stitches through to the neck and chest; with heat in the head, red face, nausea and vomiting before, during, and after the menses; eyes give out on using them, and objects become confused; constipation with sensation of contraction of the anus; difficult expulsion of hard, dry, and crumbling stool, cracking the skin so that the anus bleeds and aches afterward. The patient is apt to be thin and scrawny, easily fatigued, subject to itching blotches on the skin, more especially to an itching eruption at the margin of the hair on the nape of the neck, and to be very fond of salt. Tickling in the throat, and coughing, causing a bursting pain in the forehead, is an additional indication for this remedy, which is not often indicated.

Pulsatilla. — Dull, pressive headache, with bruised sensation in the forehead, and dizziness at the age of puberty before the first menses have appeared, or when the *flow is delayed and scanty*. The patient is depressed mentally, and complains of *chilliness* in the daytime, and dry, burning heat, *without thirst* at night. The headache is *relieved by pressure, by walking slowly in the open air*, and by lying down on the back. Worse in a warm room.

Sanguinaria. — Menses at the right time, with scanty flow, and severe throbbing headache, extending from the back of the head over to the forehead, *especially the right side*; vertigo; face red and hot, less often pale, with disposition to vomit; eruption on the face of young women with menstrual troubles, and especially a scanty flow; *headache in paroxysms*; blood rushes to the head with whizzing in the ears, and flushes of heat; *head-*

ache with nausea and chilliness, followed by flushes of heat, extending from the head to the stomach; headache especially at the change of life. Worse from light, noise, and motion; better from lying quietly in a dark room, and after vomiting.

I *Sepia*.—One of the best remedies for the radical treatment of obstinate cases with the following indications: heavy pressive pain in the left orbit and left side of the head, with darting pains over the left side of the head, better after eating; morning nausea; sinking, “gone” sensation in the stomach; *bearing down in the pelvic organs*; menses irregular or scanty; sexual instinct increased; fetid perspiration about genitals, axillæ, and soles of feet; moth spots or yellowish discoloration of the skin; itching, herpetic eruptions. The constitutional symptoms are more important than those relating solely to the headache.

Calcarea carb., *Nux vomica*, and *Sulphur* are also very useful remedies for menstrual headache.

Toothache is sometimes a distressing complication of menstruation. The following are some of the more common remedies which are often very helpful. In a general way, the medicines are divided according to the relation of the pain to menstruation; but such a division is not absolute, and a remedy may be given at any time if the symptoms indicate it. Give the remedy in the third potency, a dose every twenty minutes; as soon as there is a little relief, only give it once in one or two hours.

Toothache before Menstruation.

Arsenicum is the chief remedy. The pain is jerking or throbbing, sometimes extending to the temple.

The teeth feel loose, elongated, sensitive to touch, pressure, or cold water. The gum may ache and be sensitive. The pain is worse from lying on the affected side, at rest from cold, is not infrequently worse at night. The pain is relieved by heat, and sometimes by sitting up in bed. If the pain causes considerable prostration and the patient feels feverish with cold hands and especially cold tips of the fingers, *Arsenicum* is generally helpful.

Aconite will relieve some cases in which the patient is frantic with indescribable pain; throbbing toothache from taking cold, burning of the face, and rush of blood to the head. It also follows *Coffea* well when that remedy fails to relieve.

Belladonna is indicated for dull, drawing pain in the upper right row of teeth; also, when the pain causes great restlessness, depression of spirits, aching of gums, roots of teeth painful on biting, pricking pain in a decayed tooth, pain radiating in all directions from a tooth, pain worse at night from cold air, from touch, from biting hot food, or liquids touching the tooth; pricking the gum till it bleeds or hard pressure on the cheeks sometimes relieves the pain.

Chamomilla is an important remedy for toothache preceding or accompanying menstruation, especially in coffee drinkers. The pain causes a great deal of irritability and crossness. The tooth feels too long. The pain may extend through all the teeth through the jaws to the ear, or through the temples to the eyes. Most of the pain is on one side, tearing, boring, throbbing, stinging, or jerking in character. The pain is worse at night from the warmth of the bed, much worse

from drinking cold water or strong coffee, eating or drinking anything warm ; but the pain is sometimes relieved by dipping a finger in cold water and applying it to the tooth. Pain generally commences after meals. Dr. Hering, who made many of these observations, remarks : “ If the pain is accompanied with great weakness, particularly in the joints, pain in the articulation of the jaw on opening the mouth extending to the teeth, *Chamomilla* will certainly cure.”

Coffea is one of the very best remedies for violent toothache, when the patient is almost wild with pain, crying and trembling, not knowing what to do, stinging, jerking pain, intermitting pressure or pain when chewing ; pain often relieved by holding ice water in the mouth ; teeth feel crowded together, or as if something were in them.

Mercurius protoiodide has been very helpful for toothache in a decayed tooth, which is very sensitive to the touch and seems to be always in the way ; the face is often swollen. It is a form of toothache which is not likely to be dependent on menstruation, but rather on decay of one or more teeth. The pain is rather severe, drawing in character, but may assume almost any type, aggravated by cold or damp air, eating or drinking anything cold or warm, and is often worse at night.

Pulsatilla is best adapted to women of a mild temperament, whose menstrual periods are usually more than four weeks apart and are rather scanty, also to those subject to toothache in the spring ; toothache, earache, and headache on the same side ; the face is very painful, especially the left side extending to the ear ; heat in the head and chilliness of the body ; pricking, tearing,

jerking pain, or pain as if the nerve was stretched and suddenly let go, allowing it to snap ; pain worse from cold water, heat of bed, or warm room ; better in the open air, and returns on entering a warm room ; worse toward evening, when sitting and from picking the teeth ; better from walking about and from pressure.

Toothache during Menstruation.

Calcarea carb.—See “Toothache during Pregnancy.”

Chamomilla is a good remedy. The symptoms indicating it are previously mentioned.

Lachesis.—When the toothache appears during menstruation, the less the flow the greater the pain, or at the cessation of menstruation. The gums may be inflamed and the pain extend to the throat. The toothache is worse after warm and cold drinks, after eating and awaking, with headache, beating over the eyes, stitches in the ears, swelling of the cheek, chills, fever, and thirst. The swollen, tender, easily bleeding gums are a noticeable complication.

Toothache after Menstruation.

Bryonia.—Passionate or obstinate persons, pain more often in sound than in decayed teeth, though contact of the latter with the air may excite pain. Acute, shooting, or tearing pain extending to the cheek or ear, or from one tooth to another ; pain worse from anything warm in the mouth, momentarily relieved by drinking cold water ; better in the open air when lying on the affected side, and worse lying on the opposite side.

Calcarea carb.—The symptoms are mentioned in “Toothache during Pregnancy.”

Chamomilla. — See symptoms given above.

Lachesis is a good remedy. See symptoms given above.

Toothache during Pregnancy

Is an obstinate affection and difficult to cure till pregnancy is over, when the pain disappears of itself. The following remedies may prove beneficial, and are worth trying. There need be no fear of a miscarriage as the result of dental operations, providing they are short and not fatiguing to the patient. Visits to the dentist at periods in which the menses would occur ordinarily should be avoided, as at these times the liability to miscarriage is much increased.

The symptoms of *Belladonna*, *Bryonia*, *Mercurius protoiodide*, and *Pulsatilla* have been given.

Calcarea carb. — Pain in decayed teeth or around loose stumps, or if a loose tooth causes pain all the time. The pain may be of almost any description, and is accompanied with swollen, sensitive, easily bleeding gums, which may ache and throb. Very important are the symptoms: rush of blood to the head, especially at night; pain caused or aggravated by taking cold or a draught of cold air; inability to take warm or cold drinks, and the pain may be aggravated by noise.

Nux moschata. — Women who do not perspire easily and who have a cool dry skin. Constant grumbling and soreness of the teeth; pain from taking cold in cold, damp weather or night air; pain worse in going hastily up or down stairs, from cold or damp air in the mouth, better from warm water in the mouth and hot applications.

Aphonia, or weakness of voice, coming on at each menstrual period, has been cured by *Gelsemium*. Dr. Richard Hughes mentions *Antimonium crudum* when it occurs every time the patient is exposed to heat.

Deafness with the menstrual period, menses scanty, hearing better out of doors, has been cured by *Kreosote*^{2x}.

The anomalies of the climacteric period (menopause, change of life) may be considered as those of perverted nutrition, such as the development of obesity, benign or malignant tumors, and disturbances of the vaso-motor system, causing flushings, local congestion, etc. Hysteria sometimes appears, and there is marked irregularity of the menses, both in time, character, and duration of the flow. The hygiene has been described in the beginning of this chapter, so there only remain for consideration those remedies peculiarly applicable to vaso-motor disturbances, which play such an important part in the sufferings of the climacteric period.

When the monthly congestion of the pelvic organs and the flowing have permanently ceased, atrophy of these structures gradually progresses from year to year. Consequently, inflammatory diseases common to the menstrual or childbearing age are very rarely if ever seen in the post-climacteric period. Uterine fibroids, which may have developed, scarcely ever increase after the flow permanently ceases, and, as a rule, slowly decrease or even disappear. The suffering incident to uterine displacement is much relieved; chronic metritis and ovaritis gradually undergo spontaneous cure. Procidencia of the uterus, especially if complete, seems to be an exception to the rule, and is very seldom benefited by the "change of life."

Therapeutics.

Take one dose of the third decimal preparation once in six hours, unless otherwise mentioned, and always stop the medicine if the symptoms are aggravated by it and when improvement has commenced.

Aconite is more often indicated in the commencement of the climacteric in *robust, plethoric women*, where there is arterial tension ; pulse *quick, full, hard, and strong* ; patient is timid, anxious, restless, complains of vertigo, fulness and heavy feeling in the forehead, sometimes nosebleeding of bright red blood, and the senses of smell and hearing are morbidly acute. Drs. Hughes and Leadam urge the employment of only the medium or higher dilutions, on account of the great liability to produce aggravations with the low attenuations.

! *Amyl nitrite* is a most excellent remedy. Flushings of the climacteric when *Lachesis* fails ; heat and throbbing, with sensation of *intense fulness in the head* ; much throbbing in the ears ; *flushing of the face* ; choking, constricted feeling about the throat. The thirtieth potency acts remarkably well for flushings of the climacteric.

Argentum nit. — Dr. C. Hering marks the following symptoms : metrorrhagia, with nervous erethism at change of life, also in young widows and those who have borne no children ; returns in attacks ; region of ovaries painful, with pains radiating to the lower part of the back and thighs ; memory impaired ; vertigo and buzzing in the ears, and general debility of the limbs, and trembling ; boring pain in left frontal eminence, or dull pressive pain on the vertex, relieved by binding something tightly on the head.

Caulophyllin. — Dr. Ludlam states that he has often prescribed this remedy for post-climacteric nervous conditions, with excellent results; attacks of "great nervous tension and unrest, with wakefulness, and a propensity to work and worry over little things." The presence of rheumatism of the smaller joints would be an additional indication for it.

Cimicifuga^{2x}. — Restless and unhappy state of mind; the patient feels grieved and troubled, with sighing, is irritable, cannot sleep; vertigo; fulness and dull aching on top of the head; *sinking at the stomach*; menses irregular, with increased nervousness and muscular twitchings at the time.

Coffea. — All the senses are very acute; patient cannot bear pain; mind very active, *cannot sleep nights*, on account of thinking; hears the least sound; *a general condition of marked nervous excitement*.

Gelsemium^{1x} or ^{2x} is an excellent remedy for the congestive headaches of the climacteric. The attack often begins with drowsiness, or perhaps chilliness, then severe pain, usually of a neuralgic or spasmodic form, sometimes pulsation of the carotids, and accompanied by vertigo, blurred or double vision, occasionally by nausea and vomiting, and is relieved by the profuse emission of watery urine.

Glonoine has been warmly praised for congestions of the head, and flushings limited to the face, also for its characteristic headache; violent throbbing in the head, or from neck into the occipital region; head feels full, face red, and the pulse is full and quick.

II *Lachesis*. — The chief remedy for flushings at the climacteric; also hot vertex, metrorrhagia, and faint-

ing at this time; there is painful distention of the abdomen from flatulence, and the patient can bear no pressure of the clothes. Not infrequently there is considerable irritation from the left ovary, which is swollen, indurated, or is the sight of neuralgic pains. She wakes in the morning with vertigo and a sense of great exhaustion or weakness of the body, and at times suffers from headache extending into the root of the nose, or, less frequently, one-sided or occipital pain, extending into the neck and shoulders, sleeplessness. The patient is nervous, anxious, loquacious, in a weakened condition, and feels worse when the discharges do not appear.

Sanguinaria.—Dr. Jousset considers this the principal remedy for migraine or hemicrania, especially at the climacteric in women whose menses are profuse. He uses from the twelfth to the thirtieth dilutions; vertigo, rush of blood to the head with buzzing in the ears, and flushes of heat; headache in paroxysms, beginning in occiput, it spreads upwards and settles over the right eye; headache, with nausea and chilliness, followed by flushes of heat extending from the head to the stomach; sometimes bilious vomiting, short shooting pains in the head, and shivering. The headache is better in the open air, from lying down, and from sleeping. It is an excellent remedy for flushes of heat at the climacteric, and fetid, corrosive leucorrhœa at this time.

CHAPTER V.

PRURITUS VULVÆ, OR ITCHING OF THE GENITALS.

(Compare the chapter on "Vaginitis.")

THIS is very distressing to some ladies, especially at the change of life. Fortunately, it is easily cured in the majority of cases. The itching is sometimes due to a parasite, and then as a rule it is the *Pediculus pubis*, vulgarly known as the crab louse. It is readily recognized by the presence of minute points or "nits" attached to the hair, or by seeing the vermin. A few thorough washings of the parts, especially the hairy portions, with a five per cent solution of carbolic acid is sure to eradicate them. Indeed, in all forms of pruritus not distinctly traceable to something else for a cause, it is a good rule in domestic practice for a patient to bathe herself for three alternate nights with the carbolic lotion, and see if it does not give relief. The odor of the carbolic acid is objectionable to some persons, who might prefer to use a solution of corrosive sublimate, one part to a thousand parts of water. This last solution will certainly destroy all the vermin after washing the parts with it twice, but the solution is poisonous if taken internally, and must be kept in a safe place. It is easily prepared by purchasing a small bottle of Wyeth's antiseptic mercurial tablets of any apothecary, and making the solution according to the directions on the label.

If there is a moist, scabby, or scaly eruption on the parts which itch severely, it is probably eczema, or "salt rheum." The urine should then be always carefully tested by a physician for sugar, as this condition is often due to diabetes. If caused by diabetes, the use of the old-fashioned liver of sulphur ointment will bring great relief. If this cannot be had, make a lotion of one ounce of the hyposulphate of soda to a quart of warm water, and bathe the parts freely with it.

These measures will not suffice in a few instances, as when it is due to an unusually sensitive condition of the nerves. Under these circumstances the remedies mentioned below will be found very serviceable. Marchand's peroxide of hydrogen, full strength, has been sprayed on the itching surfaces by an ordinary hand spray with good results for itching during pregnancy. Another local application which gives much relief is a few drops of oil of peppermint and a smaller amount of oil of cloves in a little very warm water, to be used in bathing the parts or to be applied on pieces of linen. A teaspoonful of powdered borax in a pint of warm water used night and morning is another good and convenient application.

Cleanliness is very important, especially if there are any irritating or offensive discharges. Under these circumstances, but not in eczema, bathing the itching places two or three times a day is none too often, using castile or honey and juniper tar soaps, and drying them very carefully afterward with old soft linen. Should the vagina be the seat of itching, obtain *Calendula* cerate of the druggist, containing four per cent of the muriate of cocaine ; or, if this cannot be had, *Plan-*

tago and *Boracic acid* cerate. The latter is an invaluable application for many cases. Make an oblong wad of dry absorbent cotton the size of the vagina, smear it thoroughly with the cerate, and after the bath insert it in the vagina, tied round with a strong piece of string to remove it. If some difficulty is found in using the cotton, the author's ointment syringe is very useful to apply the ointment. (See page 84.) Exceptionally heat will relieve, and then the patient may find some relief from an ordinary hot poultice. Pinworms sometimes cause severe itching, and may lead to bad habits in little girls. An ointment of one part impure, *i. e.*, crude carbolic acid and twenty parts of cold cream, thoroughly rubbed about the parts and around the anus, will speedily destroy them.

While the many applications mentioned are of undoubted value, their effect is often temporary, and the final cure of the case must depend on the remedies. Except when otherwise mentioned, give a dose of the third decimal preparation once in three to six hours, as the severity of the case may demand. No one should drink coffee who suffers from itching of the privates.

Therapeutics.

Ambra. — Violent itching of the vulva during pregnancy, with soreness, itching, and swelling of the parts; discharge of blood between the periods from slight causes, as after a hard stool or walking; menses too early and too profuse; urine turbid, depositing a brownish sediment; uterine symptoms worse on lying down.

! *Caladium seguinum* is considered by some the

best remedy, others prefer *Conium*. Severe itching of the external genitals; crampy pains in the uterus after midnight, itching during pregnancy, itching pimples on the genitals.

Cantharis. — Itching at the change of life; swelling and irritation of the vulva; violent itching in the vagina. *Pruritus, with strong sexual desire. Frequent urination with burning, cutting pain.*

Carbo veg. — Red, sore places on the genitals; itching, sore, and raw, with thin leucorrhœa in the morning on rising, which ceases during the day, also if the leucorrhœa is milky and causes smarting; menses too early and too profuse; blood too thick and of a strong odor; dilated veins on the parts, or if the mucous membrane looks as if bits of curd were sprinkled on it.

Coffea. — Severe itching without eruption or leucorrhœa in a person of a very nervous temperament and great mental activity.

■ *Conium*. — Severe itching deep in the vagina; leucorrhœa with weakness and paralyzed sensation in the small of the back before the discharge, also if it is thick, milky, with contracted, labor-like pains coming from both sides, discharge of white, acrid mucus, causing burning; violent itching in the external genitals and vagina, especially after the menses; the white particles like curdled milk on the surface are also an indication for the use of this remedy, but not so often as for *Carbo veg.*

Graphites. — Occasionally called for when the skin of the body has an unhealthy appearance, subject to itching blotches from which oozes a watery, sticky fluid; moist eruptions behind the ears; itching of the external

genitals before menstruation ; menses too scanty, too late, and too pale.

|| *Kreosote* the author has found a most excellent remedy for *violent itching and smarting of the external genitals* and vagina during and after menstruation. Sometimes the external genitals are swollen, hot, hard, and sore. Leucorrhœa of a yellow color, staining linen yellow, with great weakness.

Rhus tox. — Vesicular or pustular eruptions, with burning and itching, also for eczema. If this fails, try *Croton tig.*

CHAPTER VI.

LACERATION OF THE PERINEUM.—CYSTOCELE.— RECTOCELE.—ABSCESS OR BOILS IN THE EXTERNAL GENITALS.

THESE are surgically treated, and therefore do not properly come within the scope of a domestic work. Reference to chapter first will readily show what is meant by a laceration of the perineum. This takes place in labor ; and though much can be done to prevent it, laceration will sometimes take place with the most skillful and experienced physicians. This laceration readily heals if two or three stitches are properly taken, and a physician who neglects to carefully examine and stitch such lacerations at once after delivery does a great wrong to his patient. Whoever you may be, my reader, rest assured when you hear a physician bragging that no patient of his has had a laceration, that he has never had many lying-in patients, has never carefully examined them, or if so, does not know a laceration when he sees it, or is else telling you an untruth.

The ultimate consequences of these lacerations are serious as a rule. The rectum bulges forward into the vagina near the orifice, and forms what is known as a rectocele. Constipation and straining at stool increase it, so that it finally pulls down the uterus. The anterior wall of the vagina, having lost its support, bulges backward and downward at the vaginal orifice, and is then

called a cystocele. This is very much aggravated by retaining the urine, as is too often done by many ladies from false modesty or because it is not perfectly convenient to urinate. The utmost limit a healthy lady should ever go without passing urine is six hours, and it should be passed once in four hours when possible. In a large cystocele, all the urine cannot be forced out of the bladder. It decomposes, and in time will cause catarrh of the bladder.

More important even than these sequelæ is the displacement of the uterus which so often follows. This organ sinks lower and lower till it finally reaches the vaginal orifice, or may even "come into the world," forming what physicians call complete prolapse or procidentia of the uterus. This generally completely unfits the woman for an active life, and may keep her in bed most of the time.

In a few exceptional cases, the ligaments and fascia supporting the uterus are unusually strong, uninjured, and the organ does not become misplaced. Is there any way a lady can tell for herself whether it is likely that she must have an operation? The following simple rule will determine it in the great majority of cases: If she notices that air escapes from time to time from the vagina, especially in changing positions of the body, it shows that the vaginal entrance is not properly closed, and an operation will be necessary in all probability, particularly if she has a feeling of weight and bearing down in the pelvis, and she can only walk a short distance. A thoroughly competent physician or rather a specialist should be consulted at once. Better have a simple operation performed in the beginning than try to fight it off

by months or years of increasing suffering, ending in a more serious and difficult procedure. If done early, there is no danger and but little, if any, pain. Three weeks' detention is generally quite enough, and the woman resumes her place in the household with a prospect of health before her, where sickness and suffering surely awaited her before. Take the earnest advice of the author, do not dally with yourself too long.

Abscess or Boils in the External Genitals.

The symptoms, management, and treatment of this painful affection are similar to that given for boils elsewhere in this book. In the newly married, abscess is sometimes caused by excessive sexual indulgence. In rare instances an abscess at one side of the vaginal opening becomes chronic, and requires an operation to cure it. Abscess in the perineum, if at all large and accompanied by much swelling, should be treated by a physician and opened early, owing to the liability of its breaking into the rectum and forming a fistula.

The formation of an abscess or boil is readily recognized by the swelling, redness, exquisite sensitiveness, heat, or pain which is often throbbing and worse on walking. Apply hot, thick flaxseed poultices at frequent intervals, and when the boil breaks and discharges matter, bathe it carefully with castile soap and water, and cover the surface with a soft piece of old linen on which *Calendula* cerate is thickly smeared.

Belladonna. — In the beginning of the boil, the local application of the strong tincture of *Belladonna* or *Arnica* sometimes will disperse it. A dose of the third dilution once in two hours is excellent at the com-

ment, when there is much throbbing pain, headache, or some fever.

! *Hepar sulphur*. — If the above treatment gives no relief, give *Hepar sulphur*^{3x} every three hours to hurry the formation of matter. It is also good for chronic cases when the discharge is corrosive, smells bad, and there are pimples around the principal opening. Stop this remedy after the discharge freely appears.

! *Mercurius vivus* is another valuable remedy and good to take when the *Hepar sulphur* has been stopped. If there is much chilliness with thirst, and the pains are worse at night, it should be given instead of the *Hepar sulphur* to hasten the suppuration. Dose, a powder of the third decimal preparation once in three hours.

Silicea^{6x}. — Is adapted to old chronic cases with fistulous openings and when the discharge is copious, protracted, and unhealthy. A dose three times a day before meals.

Sulphur^{3x}. — A dose three times a week is excellent to prevent the recurrence of boils.

CHAPTER VII.

VULVITIS. — VAGINITIS.

(Compare chapter on "Pruritus Vulvæ.")

THIS is an inflammation of the mucous membrane of the external genitals or of the vagina. In domestic practice three forms are met with, — simple, virulent, and scrofulous.

Simple inflammation of the vulva or vagina may come from some local injury or application, sexual indulgence, uncleanness, masturbation, or the presence of acrid, irritating leucorrhœa. The parts are at first hot and dry, but soon become bathed with a mucopurulent secretion. The mucous membrane is red, somewhat swollen, and raw in places. Sometimes there is severe itching, but seldom any pain on passing urine.

Virulent or gonorrhœal inflammation of these parts is the result of specific infection after impure sexual intercourse. It generally develops within forty-eight hours afterward, and soon becomes severe, with very painful and frequent passing of urine. A thick yellow or greenish offensive pus is discharged which irritates the thighs. As a rule there is much pain in urination, and abscess of the external genitals is not an uncommon consequence.

One thing is of great importance in this disease, *i. e.*, that none of the matter be conveyed to the eye in any manner, as it would surely cause a severe inflammation,

and loss of eyesight often follows. It is often very important to know if the cause of the inflammation is really impure connection and gonorrhœal infection. This a scientific physician can readily determine at an early stage by a proper examination for the germ of the disease. Little girls, especially those of *scrofulous* tendencies, are not uncommonly subject to inflammation of the parts, and parents are apt to think they have been violated, when it is rarely the case, and when other positive signs and injuries would be present. Pin-worms, uncleanness, cutting the teeth, and masturbation are causes not to be overlooked. The symptoms are similar to those of the simple form, and the disease is readily cured.

Eruptive diseases of the genitals are usually attended by much itching. The reader is therefore referred to the chapter on “*Pruritus Vulvæ*.” Some women suffer from inflammation of the vagina during pregnancy. It does no harm other than the discomfort it causes, and disappears after confinement. Very rarely, elderly ladies suffer from vaginitis, accompanied with much itching, burning, and some yellowish, watery, vaginal discharges. It differs from ordinary vaginitis from the fact that adhesions are apt to form in the canal, which becomes narrowed in its upper part. Physicians are liable to overlook it, as ladies over fifty are seldom troubled with inflammation of the genital organs.

Rest and a simple nourishing diet should be observed when a lady is under treatment for vaginitis or vulvitis. Great attention to cleanliness is of the utmost importance. Vaginal or vulvar douches of six quarts of tepid water containing a little castile soap should be employed

from one to four times a day, according to the amount and character of the leucorrhœa. If very profuse, yellow, offensive, or excoriating, four times a day is none too often, while for a little bland discharge once a day is quite sufficient. After using this cleansing douche, one of the following medicated douches is very useful after first washing the parts. Any one of the first four preparations can be used in ointment form and applied to excellent advantage after the medicated douche, the parts having been carefully dried meantime by soft linen. If the vulva are inflamed, smear the inflamed surfaces freely with the ointment, and insert a piece of clean soft linen between them.



FIG. 5. Southwick's Ointment Injector.



FIG. 6. Southwick's Pastille for self-treatment.

If the case be one of vaginitis, use the author's ointment injector (Fig. 5); warm the injector in quite warm water, fill it for one inch from the end with the cerate, insert it in the vagina far as it will go, and then force out the ointment. I have recently succeeded in having pastilles prepared for my patients to use at home. They are of the same size and shape as Fig. 6, contain the different drugs as may be required, and are easily inserted by the finger. It is well to wear a small, thin napkin to prevent the clothing from being soiled. A large, thick napkin pinned tight to the person is too heating. The menstrual pads made of absorbent cotton, cotton waste, wood wool, or gauze are an excellent substitute for the ordinary napkin.

Calendula. — Four teaspoonfuls of the aqueous fluid extract to a pint of warm water is very excellent, if the mucous surfaces are raw and excoriated.

Hydrastis. — Two teaspoonfuls of the aqueous fluid extract to a pint of warm water, if there is a profuse catarrhal or pus-like secretion. It is a most excellent application for the gonorrhœal form; equal parts of the aqueous fluid extract of *Hydrastis* and *Boroglyceride* will promptly cure most of these cases.

Eucalyptus. — Same proportion as the *Calendula*, when the discharge is thin, yellowish, and very offensive.

Plantago and *Boracic acid* cerate, if the inflammation is very acute with little white spots like particles of curdled milk on the mucous membrane, also if there is much itching. If this fails or is not at hand, *Hamelis* cerate, or the aqueous extract six teaspoonfuls to a pint of water, is an excellent and very soothing application.

Kreosote. — Ten to thirty drops well stirred in a pint of lukewarm water is very good for severe itching, biting, and smarting of the parts, together with a profuse and offensive discharge.

Corrosive sublimate makes the best wash when the disease is of impure and specific origin. (See, also, *Hydrastis* and *Boroglyceride*.) Use only the compressed tablets made for antiseptic purposes; one part to one thousand of water, according to directions on the label. I usually order Wyeth's tablets.

Goulard's Extract. — A small teaspoonful to a pint of water used as an injection three times a day is also valuable for gonorrhœal vaginitis. Where there are one

or two very small, red, itching, painful spots on the mucous membrane, which the patient can distinctly see with the aid of a hand mirror, equal parts of carbolic acid (crystals) and glycerine can be applied with great relief, *but only in* the following manner, as this preparation is very strong and must be used with care: sharpen a small piece of wood, a toothpick often answers the purpose, dip the point in the solution, wipe the end on the edge of the bottle to take off the excess, as you would a pen on an inkstand, now touch only the affected point of tissue with it and nowhere else. If properly applied and the lotion has the right strength, a whitish spot will be seen. A single application is sometimes sufficient, and a second one should not be made within two weeks.

Therapeutics.

| *Arsenicum*^{3x} trit., a dose once in four hours, is best suited to vulvitis, with shooting pains from the abdomen into the vagina; *burning*, tensive pains in the ovary, especially the right; profuse, yellow, thick, *corroding* leucorrhœa.

Calc. carb.^{3x} trit., a powder the size of a pea half an hour before each meal, is best suited for chronic cases, or in blond women subject to frequent attacks of the disease; *swollen glands*, boils, or chronic abscesses, *scrofulous persons*; profuse sweat about the labia; stinging, burning pimples on the margin of the labia; aching in the vagina; violent itching and soreness of the vulva; inflammation and swelling of the genitals; leucorrhœa like milk, with itching and burning.

| *Cantharis*^{3x}, a dose once in two, three, or four

hours, according to the severity of the symptoms. Specific, *i. e.*, gonorrhœal, inflammation; swelling and irritation of the vulva; violent itching in the vagina; strong sexual desire; *inflammation of the water passage with frequent and painful passing of the urine.*

Carbo veg.^{3x} trit., a dose once in four hours. It is more especially suited to women who have passed the change of life, unless the symptoms more closely resemble another remedy. Inflammation, with white spots on the mucous membrane like grains of curd, and with itching, soreness, and rawness, during the leucorrhœa, which is thin, excoriating, milky, only in the morning when rising; enlarged veins about the vulva.

I *Kreosote*^{6x}, a dose every two hours. Burning between the thighs on urinating; soreness between the thighs and vulva with *burning*, biting pains; soreness and smarting between the labia; *violent itching of the labia*, also of the vagina; external genitals swollen, hot, hard, and sore; yellow leucorrhœa with great weakness, staining linen yellow.

II *Merc. sol.*^{3x} trit., if the preparation be fresh, otherwise use *Merc. viv.*, a dose once in three hours. This is by far the best general remedy for vaginitis and vulvitis from any cause, with rawness, smarting, and excoriated spots; leucorrhœa worse at night; greenish yellow discharge; smarting, corroding, itching, burning after scratching; itching of the genitals worse from the contact of the urine.

Sepia^{6x} trit., a dose once in three hours. Great dryness of the vulva and vagina; painful to the touch; itching eruption on the small labia, which are red and swollen; much weight and bearing down of the pelvic

organs ; leucorrhœa yellow, milky, excoriating, and especially before the menses.

Thuja^{3x} four times a day is often sufficient to cure the numerous hard, long, pointed warts about the vagina, which follow gonorrhœal inflammation. If it fails, use *Nitric acid*^{6x} in the same way.

Large, flat excrescences, but little raised from the surface, with a moist top, occurring about either the vagina or anus, should be shown at once to a reliable physician. They are an indication of syphilis, and soon will undergo extensive ulceration if not treated promptly.

CHAPTER VIII.

VAGINISMUS.—ATRESIA.—FISTULÆ.

THESE are three conditions distinct from one another, but grouped together for convenience, as the existence of any one of them requires the attendance of a skilful physician, excepting a few cases of vaginismus, which can be cured by home treatment.

Vaginismus

Really means a spasm of the vagina, especially at the external orifice, which may be very painful; its meaning also is extended sometimes to painful conditions about the vaginal orifice, independent of any actual spasm. The latter is really very rare, so much so that one of the ablest gynecologists in Europe denies its existence. This affection is practically a symptom of some abnormal condition, and a careful examination must be made and the cause discovered to cure the case. The following are the more common causes: Small, exquisitely sensitive tumors at the entrance of the urethra (urinary passage); cracks or fissures in the mucous membrane about the orifice; minute red spots in the mucous membrane which are very sore to the touch; scars in the perineum after childbirth or a poor surgical operation; excessive sexual intercourse is a common cause; less often, inflammation about the uterus, or a displacement of that

organ, chronic inflammation of the genital canal and lead poisoning.

TREATMENT. — So far as possible, every cause must be removed. Sexual intercourse must be entirely discontinued. Warm sitz baths and hot vaginal douches of water will do much to allay irritation; after each one apply freely some *Calendula* cerate if there are fissures or excoriations, or if not, use *Hamamelis* cerate. If not better in a few days, the patient may apply, very carefully, on a pointed stick, equal parts of carbolic acid (crystals) and glycerine to the painful places only, and repeat it if necessary in ten days or a fortnight. It is hardly necessary to state that ladies suffering from vaginismus are usually sterile for the simple reason that complete sexual congress cannot be endured. Attempts to conceive have been made unsuccessfully under the influence of ether and various applications, such as an eight per cent cerate of cocaine applied freely just before congress, in the hope that childbearing would cure the complaint. It would probably do so in many cases were it possible to conceive and carry the child to full term. Should the treatment here given prove insufficient, a surgical operation is usually necessary, which the author has described in his Manual of Gynecology.

Therapeutics.

Cuprum cured a case of vaginismus of nine years' standing following pregnancy. The spasms were quite severe, painful, and came on at short intervals a number of times a day. Take a dose of the 6x trituration once in four hours.

Hamamelis^{3x} once in three hours. Vaginismus, intense soreness and itching of the genitals; bloody leucorrhœa with great tenderness of the vagina; menses are too *profuse* and protracted; *blood bright, fresh, and does not clot*; soreness and aching in the ovaries; distention of the veins about the genitals or on the legs.

Plumbum^{3x} trit., three times a day before meals. Vaginismus in women subject to severe, excruciating pains about the navel, with depression of the abdomen at the time of the pains. Constipation, with discharges lumpy like sheep's dung, and urging with severe pain from constriction or spasms of the anus. Sharp, neuralgic pains in the limbs, especially in the muscles of the thighs, extreme emaciation, sleeplessness.

Pulsatilla^{3x}, once in four hours. Crampy constriction of the vagina; leucorrhœa milky, thick, with swollen vulva, painless, thin, acrid, or burning; menses too late, scanty, and of short duration.

Atresia

Means complete or partial closure of the genital canal. While this is generally a condition with which such a patient is born, atresia may follow any severe inflammation of the canal, especially after sloughing has taken place.

In cases where the vaginal canal has never developed and consequently does not exist, there is very little hope of having a new canal made which will be of any value to the patient. Modern surgery has, however, devised a way of relief. The writer wishes to remark here that a very careful examination by an experienced physician

is necessary to determine the correct state of things. The woman herself is not always able to determine whether the vaginal canal exists or not, on account of the following condition, which is not uncommon. In women who have had no sexual intercourse there is a very thin band of mucous membrane across the posterior part of the vaginal orifice. This commonly ruptures at the first sexual congress, causing a little bleeding; and it was in olden times, as it still is in Oriental countries, considered the seal and proof of virginity, hence it was called the hymen. Modern observation, however, has shown there are exceptions to this rule. It is occasionally so firmly developed and so strong that entrance into the vagina is prevented, and the woman is of course sterile. A number of such cases have applied to me for relief, which I have been able to give in a short time without a surgical operation, by some graduated tubes which I designed for that purpose.

This membrane, or hymen, may sometimes grow across the entrance of the vagina so as to close it entirely and prevent the escape of the menstrual fluid. This is called an imperforate hymen. The menstrual blood cannot then escape and will collect within the vagina and uterus, forming in the course of some years a large collection of fluid which may cause much local pain and disturbance of the nervous system. Such a condition might be easily mistaken by a person for absence of the vagina, which would be a serious mistake. In fact, it is an imperative rule that if a girl reaches the age of eighteen without menstruating, she should be carefully examined by a thoroughly competent physician. This becomes all the more impera-

tive if the girl has had at regular intervals the symptoms of menstruation without any discharge. Hard though it may be for a sensitive girl to undergo an examination, which can be made very simple and without any exposure, a false modesty and exaggerated delicacy must not allow one to shrink from duty and allow a young woman's life to be seriously injured or even lost by it. It is of course necessary to restore the vaginal orifice to its natural condition, so that the menstrual fluid can readily escape.

This is a simple matter if properly done, but instances are known where young women have died from blood poisoning, and no inexperienced physician should be trusted to perform even such a small operation.

Fistulæ

Are only of interest in domestic practice so far as an explanation is concerned, as such cases should be in the care of the physician. A fistula is an opening between the bladder and vagina, the vagina and rectum, or between the rectum and the skin. The latter are usually small canals discharging matter. They may be single or multiple, are complete when they extend into the rectum, incomplete when they do not have an opening into the rectum. The fistulæ first mentioned are most often due to some injury in labor; those which are between the skin and rectum are commonly the result of boils or abscesses.

CHAPTER IX.

AMENORRHŒA.

(Compare "Chlorosis.")

WE are now about to consider the various phases of the menstrual function, which plays such an important part in the female economy, and has such an important influence upon the health of a woman. Any disturbance of it demands careful attention, and is never to be considered lightly as a matter of no importance or treated as carelessly as some ladies who ought to know better are in the habit of doing. Many an invalid now thinks of the past, and sighs in vain for health and beauty, lost from causes clearly traceable to improper care of herself in regard to her menstrual periods. The menstrual function may be truly considered the wellspring of a woman's life, with which she can never afford to tamper.

Like other anomalies of the uterine discharges, insufficient or absent menstruation is not a disease in itself, but an expression of some abnormal condition of the system, when it occurs during the generative life of a woman, except during pregnancy and lactation. In the latter, it is purely physiological, and need not be considered here. Amenorrhœa, as considered in this chapter, should not be confounded with the delayed periods or the skipping of periods, at the "change of life," which is a natural attendant on that condition. The forms and causes are outlined in the following table:—

Amenorrhœa	Suppressed flow	<ul style="list-style-type: none"> Plethora. Mental emotion, such as fright, anxiety, disappointed love, etc. Cold and wet, such as wetting the feet during the menses. Exhausting diseases, such as tuberculosis or chlorosis. Sea voyage, or change of climate.
	Scanty or delayed flow	<ul style="list-style-type: none"> Lack of ovarian stimulus, mental strain, and overwork. Local inflammation, such as ovaritis. Imperfect or non development of the sexual organs. Atrophy of the uterus or ovaries. Lack of fresh air, exercise, and good wholesome food.
	Retention of flow	<ul style="list-style-type: none"> Occlusion of some portion of the genital canal. If congenital, it is usually at the entrance of the vagina; if not congenital, the occlusion is most common in the upper third of the vagina.

The causes of the first two forms may produce either condition, though most often the relations are as classified above.

Suppression of the menstrual flow from mental emotion, cold, wet, or pulmonary consumption, is one of the most common disorders the physician is called upon to treat. Amenorrhœa, associated with a slight cough, emaciation, or rise in temperature, for any length of time, should always be looked upon with grave suspicion, especially in scrofulous subjects, as it is not infrequently the forerunner of phthisis.

The effect of a sea voyage on emigrants, in producing amenorrhœa, is due to the poor fare on shipboard, and the change of climate on their arrival, rather than the voyage itself. The latter, in fact, is one of the best remedies for this condition in those who have been overworked mentally and physically, and need absolute rest; among

them belong schoolgirls just entering on their menstrual life, and young women who have been compelled to study hard, in addition to the demands of society and fashion. The nerve force is diverted from the natural channels, and some derangement is sure to follow.

On personal inquiry, the writer has been surprised to find the prevalence of amenorrhœa in young women from sixteen to twenty in our colleges and seminaries. This is not invariably the case, however. Dr. Hall, of Vassar College, informs me that, of sixty-six girls who had studied hard preparing for college, thirty-seven report little or no inconvenience at any time during their menstrual histories; eleven have improved since their first menses, and have little or no inconvenience now; seven are slightly more inconvenienced than at first, two decidedly more so; and nine, who are somewhat troubled, report no change since the menses were first established. Dr. Hall thinks the few disturbances of the menses which occur are due to change of climate and surroundings, rather than study. Excluding defective development, she has found these cases the most difficult to treat while pursuing their studies; next to these, amenorrhœa depending on ovaritis has proved very stubborn.

The lack of fresh air, exercise, and proper food very commonly leads to defective nutrition and chlorosis. Nature is obliged to close the safety-valve, and retain the blood for the use of the body, just as in exhausting diseases. This is partially compensated for by a watery leucorrhœa, instead of the usual flow. It need not be viewed with apprehension, but rather shows that the monthly congestion of the pelvic organs is taking place, and that Nature will again assert herself when the organism can afford to lose the menstrual blood.

The prognosis of amenorrhœa depends largely on the exciting cause. If the latter can be removed, the prognosis as to cure is very favorable ; indeed, there are comparatively few incurable cases.

The general treatment is indicated by the above ; *i. e.*, remove the cause. For the treatment of scanty and painful menstruation the reader is referred to the chapter on "Dysmenorrhœa." The hot-water foot-bath is very useful for suppression of the flow from cold and wet. If due to a low vitality of the system, or chlorosis, hygiene is of prime importance. Do not force the flow in pale, bloodless girls. Build them up, and when nature can afford the loss of blood, the menstrual flow is almost sure to appear. Well-ventilated sleeping apartments, exposure to the sun's rays, with exercise in the open air, either walking, riding horseback, or playing tennis, but never to such an extent as to make the patient feel exhausted afterwards, plain, nutritious food, *mental rest* in schoolgirls, physical rest at the time of the expected monthly, and early retiring hours are very essential for a cure.

Milk and cocoa are the best drinks ; strong tea and coffee are sometimes positively injurious, particularly the former. An inquiry into the patient's habits of eating and drinking will often give a clew to the best method of treatment. These measures may be aided by a change of air or a sea voyage. In short, *the great object is to develop robust health and strength, and nature will see to it that the menses return without the interference of art.* Here, forcing remedies and powerful emmenagogues would do positive harm.

The patient may be in fairly good health, but suffers

from sudden suppression of the menses ; the symptoms are those of cerebral and, less often, pelvic congestion, dizziness, flushed face, nosebleeding, together with a feeling of fulness and weight in the pelvis, especially at the time when the next period should appear. In these cases, mild medicines are admissible just before and at the expected time ; enemas of quite warm salt and water and the hot foot-bath are excellent adjuvants.

The question naturally arises, when does amenorrhœa in young girls demand interference ? As a rule for all cases, *so long as the patient is perfectly well, leave her alone to nature, aided by good hygiene.* But when the menses are scanty and painful, or there is not a drop of menstrual blood, notwithstanding she has had all the symptoms of menstruation for a continuous number of monthly cycles (imperforate hymen), a thorough examination is imperatively necessary without further delay. Unless there is a faulty or inflamed condition of some of the pelvic organs, local treatment is inadmissible and quite uncalled for, as then amenorrhœa is but a symptom of the general condition of the patient.

As in dysmenorrhœa, the medical and hygienic treatment should be of a constitutional character, every symptom between the menstrual epochs being carefully considered. If the flow fails to appear, continue the same plan of treatment until about a week before the period should come, and then substitute some remedy having a more decided action in promoting a menstrual flow. This may be aided by hot foot or sitz baths, which are of little or no use in the interval. It is hardly necessary to add, that while the patient is improving in

general health, and there is a decrease of morbid symptoms, the same remedy had better be continued. Even if the flow does not appear for two or three months, Nature will assert herself in time.

Therapeutics.

Take a dose of the third decimal preparation three times a day half an hour before each meal. If a period goes a week or ten days longer than usual, it is not likely to appear before the time for another period. It is often necessary to take a remedy three weeks before an opinion can be formed of the good it does. Stop the medicine when the flow appears.

! *Aconite* is an invaluable remedy for sudden suppression of the menstrual flow, from a *chill*, fright, or vexation, with the usual congestive phenomenon, especially in plethoric women. Ovaritis may accompany it, with painful urging to urinate and *high fever*, also *anxiety* and *great restlessness*. The best results from it will be obtained when it is given promptly at the time of the exciting cause. If a number of days have elapsed, and the next period does not appear, *Pulsatilla* is generally more suitable; less often, *Lycopodium*. Rückert records a case of six months' suppression in a plethoric young woman, with precordial anguish and asthma, which was entirely relieved by *Aconite*.

Belladonna. — Amenorrhœa in plethoric women; sudden suppression of the flow, with *much pressure and throbbing in the head*, hæmatemesis; *feeling of weight and fulness* in the pelvic organs. When amenorrhœa is due to plethora, Dr. Hughes recommends *Belladonna* in the intervals, and *Aconite* at the periods;

nosebleeding; tickling in the nose; drawing pains from the sacrum extending down the thighs, *much bearing down in the pelvis*, especially in the right side, and profuse sweat before the menstrual flow, feeling of coldness, wakefulness; offensive menstrual discharge.

II *Calcarea carb.* — A very important remedy for delayed menstruation in *scrofulous girls*, those who are fleshy, weak (with large abdomens), fair complexion, *perspire very easily about the head*, and are subject to *acidity of the stomach* and constipation; perspiration of the feet, which feel as if she had on cold, damp stockings; feeling of weakness in general; easily fatigued in walking; dizzy on ascending a height, or going up stairs; very sensitive to cold air. There is reason to believe this remedy may avert the development of tuberculosis in these cases. Dr. Ludlam says: “Abundant experience has satisfied me that the *Calcarea carbonica* is perhaps the most prominent and useful remedy for the relief of those menstrual irregularities which are incident to pectoral disease.”

II *Cimicifuga*. — Dr. Cowperthwait esteems “this more generally useful in all classes of amenorrhœa than any other remedy,” better than *Pulsatilla*, and always gives it when there are no special indications present. *Nervous women subject to rheumatism, neuralgia, myalgia, occipital headache*, flashes of pain, and soreness of the eyeballs. Menses irregular, delayed, or suppressed from cold, or mental emotions, and attended by muscular twitchings or hysterical manifestations. Neuralgia of the uterus. Pains dart from side to side. Aggravation of mental symptoms at time of the men-

strual periods. Bearing down, dragging, and soreness of the pelvic organs.

Cocculus. — Menstruation too early, abdomen distended, with contracting, cutting pain, or painful pressure, as if from stones. Menstruation, which had been absent one year, immediately reappeared. Suppressed menstruation, with pressing abdominal pain, *flatulence*, and general weakness. *Scanty, irregular, painful menstruation*. Dysmenorrhœa with a profuse discharge of clotted blood and subsequent hemorrhoids. *Uterine cramps, with suppressed, irregular menstruation and sero-purulent bloody discharge*.

Glonoine. — *Severe throbbing in the head*, and pale face, with amenorrhœa, particularly in plethoric women; the cerebral congestion is intense from the sudden suppression. This remedy acts very promptly, if at all, and is very useful at the climacteric period.

! *Graphites* ranks near *Pulsatilla* as a remedy for delayed or *tardy* menstruation, with scanty, pale flow. Dr. C. Wesselhoef, who has recorded a number of cases of insufficient menstruation treated by it, thinks it is better adapted to patients over thirty years old, and is to the climacteric what *Pulsatilla* is in youth. Dr. Dudgeon has shown its application to amenorrhœa with indurated ovaries, and Hahnemann recommended it for delayed menstruation associated with great constipation. The stools are offensive, dark, half digested, and lumpy, united by mucous threads. *The skin is unhealthy, with excoriations, fissures, or itching blotches, from which exudes a corrosive, sticky, watery fluid*. Itching of the external genitals before menstruation. The patient tends to obesity, and her troubles to become chronic.

Dr. Bönninghausen mentions it for amenorrhœa, with itching or eczematous spots between the fingers.

Lycopodium^{30x}. — For amenorrhœa in young girls, after *Sulphur*, when the skin is sallow, bowels constipated, urine dark, with *brickdust-like sediment*, sour taste, afternoon aggravation; loud rumbling of flatus in the bowels; bloated after eating; amenorrhœa, with rheumatic pains.

II *Pulsatilla*. — While this is the chief remedy for amenorrhœa from *exposure to cold and wet*, or for a flow which is *scanty, too late, and of short duration*, it is often abused by prescribing it in every case, as routine practice. It is very useful for delayed first menses in girls of a mild, tearful disposition, who are in fairly good health; menstrual suppression complicated with ophthalmia or supraorbital neuralgia; delay in the first appearance of the menses, suppression of the flow from wetting the feet; drawing, pressing pain toward the uterus, more especially in the left side; wandering pains shifting rapidly from one part of the body to another; pale, flabby girls who complain of much weariness and prostration; longing for fresh air, *better in the open air and in a cool place*; does not feel as well in the evening or in a warm room; fat food always disagrees. *Constant chilliness*, even in a warm room, and much coldness of the whole body at the time of the period, are good indications for this remedy; less often there is an intolerable dry burning heat at night without thirst; amenorrhœa with a disordered stomach.

Sepia. — Menses are scanty, flow dark; excessive prostration, exhaustion and faintness, flushes of heat, much *weight and bearing down* in the pelvis. Dr.

Jahr recommends it, next to *Pulsatilla*, for the delay of the first menses, if there is a leucorrhœal discharge instead, with determination of blood to the chest, and a pale face. It is an excellent remedy for the yellow discolorations of the skin and face in women subject to menstrual derangements, especially when they are over the bridge of the nose.

Sulphur. — Dr. Jahr ranks *Sulphur* with *Pulsatilla* for insufficient menstruation with pale flow. There is pressure in the pit of the stomach during the menses, and the patient is subject to flushes of heat, cramps in the calves of the legs and soles of the feet, with burning in the latter at night, rush of blood to the head, and heavy, pressive frontal headache, especially in the morning, or on the vertex, like a heavy weight on top of the head; itching, burning eruptions on the skin; restless sleep at night, sleeping in the day.

CHAPTER X.

MENORRHAGIA AND METRORRHAGIA.

THE former term means profuse menstruation ; the latter applies to a discharge of blood from the genitals between the menstrual periods. Neither can be considered a disease in itself, but is secondary to or symptomatic of other diseases, such as :—

Fibroid tumors of the uterus.

Polypoid degeneration of the endometrium (endometritis prolifera or hyperplastic endometritis).

Retention of the placenta, i. e., afterbirth, after abortion. Subinvolution. Ovaritis.

Engorgement of the portal circulation.

Cardiac disease and valvular insufficiency.

Telluric influences, such as malaria.

In short, *a persistent flow of blood from the uterus is often due to some tumor or growth within that organ, if its history does not date from pregnancy.* There are some women who naturally flow very profusely, and yet are not well unless they do. Such persons are liable to have the monthly period come on in three or four months after confinement, and flow so severely as to make them anæmic, hysterical, and seriously interfere with their ultimate recovery, unless the discharge is controlled in some manner.

The quantity is so variable that the question whether the patient is flowing too much should be decided by its effect on the organism. If a woman flows

profusely, and is pale, weak, anæmic, has white ears, complains of dizziness, and the mucous membrane of the mouth and tongue is pale instead of pink, there is reason to believe it is due to loss of blood. In all cases of profuse and persistent flowing, an examination should be made without delay to ascertain the cause, and, if possible, to remove it. Some cases depending on the presence of foreign growths, such as fibroids, will partially, and occasionally wholly, yield to treatment, so that the patient will pass safely through the climacteric without having to submit to a surgical operation. In other cases profuse flowing is one of the first signs of cancerous disease of the uterus.

The diet should be generous; milk, eggs, beef in some form, or a good extract of it; mutton chops; strong broths and soups in small quantities, but often. Lemonade, oranges, and grapes are refreshing to the patient, and the acid in them seems to have a beneficial influence. Stimulants are to be proscribed, as they often do more harm than good, except in rare instances temporarily to revive a patient with tendency to syncope. Where there is marked anæmia I have sometimes seen good effects from the use of beef, wine, and iron; but in the very great majority of cases patients will do much better without it.

LOCAL TREATMENT. — In many cases very little if any is necessary other than the removal of any tumors, if present, or scraping the cavity of the uterus if the flowing has followed a miscarriage. The proper remedy, carefully selected, will prove the best styptic. Douches of hot water will sometimes diminish the flow temporarily; and the benefit to be derived from the hot-water

spinal bag applied to the spine near the hollow of the back must not be forgotten. The douches can be repeated as often as three times a day if necessary, and if the patient does not feel exhausted afterward.

Sometimes a change of air alone will cure the patient. I have seen a lady well advanced in the climacteric flow very profusely and continuously at the seashore, without receiving any benefit from local or internal treatment, even from curetting the uterus and the application of iodine. But on removing four or five miles inland, the hemorrhage ceased in a short time, and she became perfectly well.

If the bowels are constipated, and hinder free portal circulation, they should be emptied by enemas. Raising the foot of the bed a couple of inches, and keeping the head and shoulders low, tend to lessen the amount of blood in the pelvis. Plenty of fresh cool air, cool food and drinks, in the most severe cases, are advisable.

Therapeutics.

Generally speaking, the remedies applicable to menorrhagia and metrorrhagia are also valuable in the therapeutics of abortion. The efficacy of medicine is beautifully illustrated in its effect on uterine hemorrhage, if it be of non-puerperal origin; but in the majority of cases one remedy alone will not be sufficient to cure the patient. New symptoms may arise, others be cured, and a second or even a third remedy must be substituted for the *one* previously given. The remedies are to be given in the third decimal preparation, unless otherwise stated; a dose once in two, three, or four hours, according to the severity of the case. As the flow diminishes, always

give the medicine less frequently, and stop it when the discharge ceases. If a woman is in the habit of flowing too profusely or too often, she should always take the remedy best indicated between the menstrual periods; a dose three times a day, half an hour before meals. The value of medicine is too often underestimated. I have been able repeatedly, by the use of remedies, to save women from painful operations.

II *Belladonna*. — The uterine and menstrual symptoms resemble *Sabina*, but the general condition of the patient is characteristic of *Belladonna*. *Great pressure downward in the genitals, as if the contents of the abdomen would protrude through the vulva; menses too early and too profuse; bright red, or thick, decomposed, dark red blood which feels hot to the parts; burning, throbbing in the right ovary; tremulous feeling through the whole body; gentle pressure on the uterus, or motion of the hands and feet, causes vertigo and nausea, without retching or heaving; rush of blood to the head; pains come and go suddenly; very sensitive to smell and noise; painfully distended abdomen; worse after three P. M. and after midnight.* Dr. Carroll Dunham recommended it for offensive metrorrhagia, and for extremely offensive menstruation in young unmarried women.

Bryonia. — Menses irregular; *too early and too profuse*, with dark red blood; splitting headache, worse from motion; *flow increased by least motion*; uterus engorged and tender to touch; great sensitiveness throughout pelvis, worse in right ovarian region; sharp, stitching pain in right side, aggravated by coughing or moving, or even deep inspiration; can hardly bear the

least touch of affected parts. A patient was taken with flowing within a week from the date of cessation of the normal period, and flowed profusely. The symptoms corresponded to those of *Bryonia* as given above. Improvement at once commenced, and she was speedily cured.

! *Calcarea carb.* is an invaluable remedy. It is indicated by the general conditions and symptoms of the patient, rather than those peculiar to the sexual organs. Menses *too early*, last too long, and are *too profuse*; *leucorrhœa like milk*, with itching and burning in the genitals; scrofulous diathesis, and tendency to pectoral disorders; *feet feel cold and damp*; much sweat on the labia, the head, and on the feet. Dr. Guernsey recommends *Calcarea*, and also *Silicea*, for menorrhagia in nursing women; profuse perspiration on the least exertion; very sensitive to cold air; *swelling of glands*, especially under the jaw and in the groins; cannot bear tight clothing about the waist; not very strong, easily fatigued in going upstairs. *Calcarea phosphorica* is rather better than *Calcarea carbonica* when the menorrhagia is in young girls who suffer from an increase of leucorrhœa in the ratio that the menses diminish, and with pimples on the face with yellow matter in them; rheumatic pains from every cold, and frequent attacks of headache.

! *Chamomilla*.—*Irritable, impatient, peevish mood*; very sensitive to pain, which cannot be endured; *the flow is dark and clotted*; the clots large, and associated with *severe labor-like pains in the uterus*; *drawing, griping pains from the sacrum or small of back* forward to the pubic bones; the pains are followed by the

discharge of clots ; the menses are too early, profuse, and sometimes offensive ; the flowing is in paroxysms.

China. — This remedy is of great value in relieving the debility from loss of blood. It can be given with advantage between the periods, in case of anæmia, — here I prefer the second or third trituration of the bark, — while some other remedy is used instead at the time of the flow. Cases of malarial origin, where the symptoms show a marked periodicity, and also for women suffering from sexual excesses. *Profuse perspiration at night ; patient complains of being chilly, with thirst before or after the chill ; menses too early, profuse, black clots, with spasm in chest and abdomen ; profuse flowing for weeks after a miscarriage.* (Such cases usually require scraping of the womb.)

! *Crocus.* — Bearing down before menstruation ; *metrorrhagia of dark, viscid, stringy blood, in dark clots, worse from least motion ; functional menorrhagia, particularly in young women ; sensation as if something living were jumping about in the pit of the stomach and abdomen.* I prefer the 2x dilution.

Erigeron. — Premature and profuse menses ; metrorrhagia, with violent irritation of rectum and bladder ; very profuse flow of bright red blood ; every movement of patient increases the flow. Give the oil of *Erigeron* in two-drop doses on a little sugar once in two or three hours.

Hamamelis^{2x}. — If the flow be passive, small amount but continuous, color usually dark, may be bright ; *if there be a hemorrhagic diathesis, and tendency to venous engorgement, menorrhagia associated with subacute ovariitis, the blood slowly trickles away and is not coagu-*

lated. Dr. D. Dyce Brown recommends *Hamamelis* for uterine hemorrhage, especially if abortion is threatened, or if it follows abortion. The flow is more often dark and venous, but he does not limit its action to any color of the discharge.

■ *Ipecac.* — *Menses too early, profuse, and of bright red blood*, which coagulates readily. It is accompanied by nausea, great weakness, and cutting, griping pains in the abdomen.

Magnesium carb. — *Menses delayed.* The discharge is usually viscid and glutinous, but may be coagulated. A peculiar symptom, often verified, is that *the flow is more profuse at night than in the daytime.*

Nux vomica. — If the patient is *cross and quarrelsome*, sensitive to noise, talking, strong odors, and bright light, thickly coated tongue, pressure and load in the stomach after eating, constipation; women who have lived on highly seasoned or rich food and taken much medicine. *The menses are too early and too profuse; during the menses, nausea in the morning, with chilliness, attacks of faintness, and pressure toward the genitals.* The symptoms are worse in the morning after eating, from motion, from mental exertion, and in the open air.

■ *Platina.* — *Menses too early and too profuse, last too long, discharge dark and thick;* may be clotted and accompanied with bearing-down pains in the abdomen. There is increased sexual desire, particularly after the flow ceases; also *painful sensitiveness and constant pressure in the genital organs;* body feels cold, except the face; hypersensitiveness and irritability of the genital organs; the patient has the most exalted self-

esteem ; premature development of sexual instinct ; and for older women when the metrorrhagia is associated with melancholia.

II *Sabina*. — Dr. Hughes recommends its use both during and between the periods ; *metritis, accompanied by flooding ; menses too early, too profuse, last too long ; hemorrhage from the uterus in paroxysms, worse from motion, blood dark and clotted*, or may be light colored and florid ; *after abortion or labor ; pain from back to pubis ; increased sexual desire*. Hering states that the metrorrhagia is increased by the least motion, but often better from walking.

II *Secale cor.* has been recommended for uterine hemorrhage, when the uterus is atonic and hyperæmic, in doses of the tincture sufficient to secure uterine contraction. It is also useful in dilutions, but in either case the preparation must be fresh. *Hemorrhage from the uterus, worse from the least motion ; discharge black, fluid, and very fetid ; also, if it is attended with labor-like pains, extreme debility, prostration, and restlessness*. Dr. Kafka states that he has used *Ergotin* in many cases of profuse menstruation, especially for women who have given birth to many children near together, when the flow was *perfectly painless and increased by the least active or passive motion*, and never has known it to fail.

Trillium. — Hemorrhagic diathesis ; flow returns every fortnight with yellowish, creamy leucorrhœa during the intervals ; the flow is of bright color, sometimes with clots, and comes in gushes on the least emotion. It is especially suitable to the climacteric, and has been used with success for uterine hemorrhage

depending upon the presence of fibroid tumors. Menstruation too early and too profuse, irregular, flowing for two weeks ; pain in hips, short breath, palpitation, restlessness in legs ; hips and legs feel as if they would fall apart.

Vicarious Menstruation.

In very rare instances a woman may have little or no menstrual flow in the ordinary manner, but suffer apparently instead from bleeding from some other part of the body once a month. The most common places are the nose, stomach, anus, lungs, breasts, and ulcers. I have seen one woman who lost blood every month from the nipple of her right breast. Occasionally a woman does not menstruate, but has, instead, a profuse watery diarrhoea every month. The condition mentioned above is called vicarious menstruation, and is often associated with poor health and faulty nutrition of the body. It is always important to have a thorough examination made in these cases, to be sure there is no obstruction to the natural discharge of menstrual fluid.

The general treatment of vicarious menstruation is just the same as for amenorrhœa, to which the reader is referred. The importance of constitutional remedies and treatment must never be overlooked.

Therapeutics.

II *Bryonia*. — Besides other symptoms which may be present, it is applicable for vicarious menstruation in the form of nosebleeding ; also, for suppression of the menses with nosebleeding in women accustomed to too early and too profuse menstruation. The blood is florid,

and the bleeding is most often in the morning, sometimes waking the patient from sleep. While *Bryonia* is especially applicable to the above, it should not be forgotten in other forms of this affection, as clinical experience shows it is one of the chief remedies.

Ferrum. — Dr. Leadam's favorite remedy; anæmic women subject to fiery red flushing of the face; suppression of the menses with spitting of blood from the lungs.

! *Hamamelis*. — Vicarious menstruation of dark or venous blood from the nose, mouth, stomach, or hemorrhoids. The presence of varicose veins, and a fluid rather than clotted condition of the blood, are additional indications.

! *Pulsatilla*. — Bleeding from the nose or stomach, or expectoration of pieces of dark coagulated blood, with suppression of the menses. The pressive throbbing headache, *palpitation*, *chilliness*, and the above symptoms, with *scanty or delayed menstruation*, are additional indications for this remedy. Dr. Kapper reports an interesting case cured in six weeks by this remedy. The principal symptoms were violent headache, dazzling before the eyes, twitches in the nose, *tightness of the chest*, fulness of the mammæ, and oppression of the stomach, followed by violent epistaxis and flow of blood from the breasts, with relief and cessation of all the symptoms. These symptoms had been repeated for a number of successive months. The girl was apparently well, eighteen years old, and had never normally menstruated; warm sitz baths, leeches, and purgatives had been tried without any benefit.

CHAPTER XI.

DYSMENORRHEA, OR PAINFUL MENSTRUATION.

THIS is not a disease in itself, but a symptom, *i. e.*, it is secondary to some primary affection. Strictly speaking, a healthy woman should never suffer severe pain with her menstrual period, and, as a rule with very few exceptions, there is no need of a woman suffering the agony that many do. It may require time, but remedies will cure the majority of cases without local treatment. The exceptional cases will be those where there is a mechanical cause for the pain which will require manual treatment. It is impracticable to specify here the many causes of painful menstruation, but the following are the more common ones: sudden suppression of the menstrual flow, such as wetting the feet, sitting on cold stones or damp ground at or near the time of the menses; neuralgia, rheumatism, spasm of muscular tissue in the neck of the uterus; displacement of that organ and inflammation of the ovary, especially when caused by the application of nitrate of silver to the uterus "to burn out the ulcers," as it has been called, — a brutal practice which has left many a woman much the worse for such treatment.

There are two forms of painful menstruation which deserve special mention. The first is when the pain comes a week before the flow. This is sometimes associated with disease of the Fallopian tubes, and if the

patient has ever contracted gonorrhœa, *i. e.*, a disease from impure coition, an operation will generally be necessary to cure her. This pain for a week before the menstrual flow ought to be treated by a skilful physician.

The second form of painful menstruation is that known as membranous dysmenorrhœa, and is characterized by the discharge of a whitish membrane or thin flesh-like masses, in one or several pieces at each monthly period. I have had patients come to me in great alarm at such an occurrence, and pure, innocent girls have been suspected of having an abortion in consequence of the appearance of this membrane. It is to be remembered, therefore, that the discharge of such a membrane is quite independent of both pregnancy and sexual intercourse, and that its presence does not in any way cast reflection on the individual.

This form of painful menstruation is particularly difficult to cure, and sometimes can only be cured by an operation, which always will be efficient if properly performed.

The theory has been advanced that if a young woman is overtaxed, especially mentally, at the time she becomes a woman and during the complete establishment of the menstrual periods, say from fourteen to eighteen, the nutrition of the genital organs is perverted so that sterility, complete or partial, dysmenorrhœa, and imperfect development of the uterus follow. We are not yet in a position to absolutely affirm or deny this theory, which seems to have at least a certain amount of truth in it. Careful statistics show that of all married women who had dysmenorrhœa in

early life, 71.90 per cent were sterile. This very striking relation of sterility to dysmenorrhœa in early life, makes the latter of more importance than is commonly supposed. It should be made a rule then, a duty of every mother for the good of her daughter in after life that if pain continues to a marked degree throughout the period, and is repeated from month to month, in spite of carefully selected remedies, an examination must be made. It is a false delicacy which allows diseases and consequent suffering to become established, which might have been cured at their commencement.

Childbearing usually brings much relief from painful menstruation, and on this account marriage is advisable in some cases. I would, however, entirely discountenance the idea that "when she is married she will be all right." Memory calls to my mind many cases as I write this, urging me to warn my readers of such a false, though common, opinion. I wish to state most emphatically that a girl suffering from diseases peculiar to her sex is seldom benefited by marriage, and is often totally unfit for married life and its many responsibilities.

The use of opiates to relieve the pain is bad practice; it merely relieves, does not cure, and very easily leads to the opium habit. Rest in bed or at least in the house for thirty-six hours before the flow and during it, is not, as a rule, appreciated by women who suffer from painful menstruation. It is of the greatest importance, together with a nourishing, generous diet and outdoor exercise between the periods. Not infrequently a change of air, such as a sea voyage, is beneficial.

When the flow is scanty and painful, a foot-bath

taken in the following manner, as soon as pain is felt or the flow seen, is beneficial: The patient must prepare for bed, and, sitting on the edge of the latter, soak her feet in hot water and mustard, with blankets well wrapped around her, till the skin begins to perspire. The action of the skin may be hastened by drinking hot, weak tea, or hot water with a little essence of ginger, while the temperature of the foot-bath is increased gradually by the addition of a little more hot water. (See page 49, "Hygiene of Puberty and the Climacteric.") A bottle of gin is very often kept in the house as a remedy for scanty or suppressed menses. When perspiration commences, the patient lifts her feet out of the water, keeping them in the blankets without stopping to wipe them, and lies back in bed. This, with proper medicines, is usually sufficient to bring on the suppressed menstrual flow or to increase a scanty discharge, unless some few days have elapsed since the suppression, when it is of little use to try it before the time of the next period. In the interval between, copious hot-water vaginal douches, with an occasional addition of four tablespoonfuls of glycerine to a pint of water for an extra douche immediately afterwards, are useful to allay the tendency to passive congestion.

Pounded ice, in flannel bags four inches wide and twelve long, is often beneficial for healthy, vigorous women who suffer from painful menstruation with a scanty and tardy discharge and much nervous restlessness. They are to be used from ten minutes to half an hour at a time, once or twice a day, when the pain comes, and to be applied from the middle of the small of the back upward over the spinal column. Rubber

bags, known as Chapman's spinal bags, can be bought for this purpose, and are better than flannel, as they can be worn underneath the clothing without wetting it.

An electric current from an ordinary Faradic battery is also helpful in many cases. Never use a stronger current than is easily borne. Place one sponge over the lower end of the spine and the other sponge electrode over the region of the bladder, and after five minutes change this sponge to each side near the groin for five minutes in each place. The battery should be used every day, unless it causes aching or distress in the pelvis afterward, when it must not be employed as often. Sometimes a better effect is obtained by inserting a vaginal electrode into the vagina as far as it will go, and using the electricity in the same way. It is needless to remark that electricity is not to be employed during the flow. (See page 140.)

A very important point to bear in mind in medically treating dysmenorrhœa is that the medicines must be faithfully taken between the periods, if cure is desired. Medicine taken only at the time of the pain may relieve for the time being, but the cure must come from constitutional medicines previously taken.

The application of a hot-water bag, hot flannels, or a compress of warm hamamelis to the site of pain is often grateful to the patient. It is better to abstain from tea and coffee for some days before, during, and after the menstrual flow.

Therapeutics.

Unless otherwise mentioned, the following medicines are to be taken in the third decimal preparation. A

dose night and morning for three weeks before the flow, then for a week before the flow a dose before each meal and on going to bed ; at the time of the pain take a dose every half-hour or less often, *i. e.*, two hours, according to the severity of the pain, and less often as it diminishes. Do not take any medicine during the flow, if there is no pain.

Aconite. — Dysmenorrhœa in consequence of suppression of the menses, especially from *fright* or *vexation in full-blooded women accustomed to profuse flowing*. The pain is sharp and cutting ; the vagina hot, dry, and sensitive, with painful urging to urinate. The patient is *very restless*, tosses about, thirsty, feverish, and the *pulse is full, hard, and strong*.

Ammonium carb. — Dysmenorrhœa in persons of a nervous, sanguine temperament, suffering from crampy pain in the uterus, mostly before the flow. The latter is dark or clotted, abundant, and occurs oftener than once in four weeks. In connection with it there is usually *diarrhœa two or three days before the flow* and sometimes with it ; also painful menstruation, with the menses premature and abundant, and preceded by griping, colic, and want of appetite ; often pain between the shoulder-blades.

Belladonna. — Very severe pain, dragging and pressing down in the pelvis, worse in the right side ; paroxysmal pains preceding the flow from six to twenty-four hours. Severe, congestive, throbbing headache before the menses is almost always cured by this remedy. It is also useful for sudden suppression of the menses from cold, with severe bearing-down pain and throbbing in the uterine region ; flushed face, throbbing

headache, and difficult or painful micturition ; pains coming and going quickly.

Calcarea carb. is an important remedy to be taken between the periods, if the patient be scrofulous, subject to glandular swellings, sour stomach, perspiration about the scalp, menses every three weeks and too profuse, especially at puberty, and if the pain is brought on by exposure to cold or wet.

Caulyphyllin. — *Spasmodic pains in the uterus and various parts of the uterine region.* The flow is either scanty or normal in women subject to rheumatism of the small joints. It is also useful for moth-spots on the face, in women subject to menstrual irregularities or leucorrhœa.

Chamomilla. — Neuralgic dysmenorrhœa, the flow is too early, too profuse and offensive ; *drawing pain forward from the lower end of the spine ; griping, pinching, labor-like pains in the uterus, followed by the discharge of large clots of blood ;* the patient is impatient, irritable, and very sensitive to pain and to smell.

■ *Cimicifuga*^{2x}. — Dysmenorrhœa in women suffering from muscular rheumatism. Insufficient menstruation, menses *irregular, delayed, or suppressed ; hysterical or epileptic spasms at the time of the menses ;* ovarian pains shoot upward, uterine pains from side to side ; bearing down and tenderness in the region of the bladder ; limbs feel heavy ; dull aching and soreness in the back of the head ; nervous shuddering, restless sleep, soreness of the large muscles, chiefly along the spine ; sore spots in the muscles ; soreness of the ovaries during menstruation. The following case does not present many characteristics of this remedy, but it

shows what excellent results can be obtained from medicine :—

Mrs. —, æt. 24, nervous temperament, brown hair and eyes, medium height and weight, overworked at school; constipated, menses usually regular, normal quantity, sometimes light, sometimes dark, extreme soreness in the ovaries, severe cramps and pains throughout the abdomen, sometimes pains through lower limbs to the knees; slight leucorrhœal discharge like the white of an egg before the period; no pain or odor with it; is frequently cold and at times has cold perspiration; weak back, sometimes pain below the kidneys; spinal column very sensitive to the touch; hands perspire copiously; feels very languid after exertion, and is generally worse before noon; has suffered very severely with her periods for four years. I made one application of electricity to the uterus and gave *Cimicifuga*^{3x}, a dose once in two or three hours during the period, according to the amount of pain. No medicine the week after the period; a dose every other night the second week, and then a dose every night up to the next period. No medicine to be taken with the second period, unless quite painful. She was very much relieved the first month, had no pain whatever the second month, and has remained quite well.

Cocculus. — An excellent remedy for dysmenorrhœa and menstrual colic from *flatulence in the intestines*, more often at night and especially during menstruation and pregnancy. Menses too early, with cramps in the abdomen and colic pains; great weakness during the menses, severe headache on the third or fourth day of the flow; light and noise intolerable, and accompanied by nausea, like the heaving up and down of the stomach in seasickness; sudden cessation of the flow, followed by severe spasmodic pains; dysmenorrhœa in girls and childless women; flow may be scanty or very profuse, with pain in the breasts, restlessness, groaning, vomiting; small pulse and great weakness; leucorrhœa between the periods. It is a good remedy to take between the monthlies.

| *Gelsemium*^{1x}. — Ten drops in half a cup of hot water, a teaspoonful every ten minutes, and less often as soon as there is any improvement, which will be sure to

follow, if at all, after three or four doses are taken, provided the remedy was administered as soon as the pain commenced. It is one of the very best remedies for spasmodic dysmenorrhœa. It acts quickly, and if no relief is experienced after the sixth dose, there is no use of continuing this medicine. The indications for it are : severe, sharp, labor-like pains in the uterine region extending to the back and hips ; dysmenorrhœa or scanty menstruation preceded by sick headache, vomiting ; congestion to the head ; confused vision ; deep red face ; bearing down in the abdomen ; passing large quantities of clear, limpid urine, which relieves the headache. Some constitutional remedy between the menses is usually necessary to complete the cure.

| *Pulsatilla* is a remedy often overlooked in prescribing for dysmenorrhœa, and yet is one of the most valuable medicines for it. Like some other remedies, its value is best seen when given before the periods, rather than at the time of the pain, when some other medicine is often more applicable. It is particularly useful for suppression of the menses from wetting the feet, and is always to be remembered with *Aconite*, for congestive dysmenorrhœa from this cause ; also for *delayed, scanty, and painful* menstruation. The pain is constrictive, labor-like, and more often in the left side of the uterus, and obliges the patient to bend double. In *Aconite*, the discharge is bright red, and the patient inclined to plethora. In *Pulsatilla*, the discharge is dark and clotted, and the patient of the lymphatic temperament, easily crying at trifles ; *constant chilliness*, even in a warm room ; sleepy afternoon and evening, but cannot sleep well at night ; flatulence moving

about in the abdomen : dyspeptic symptoms, without being thirsty : menstrual colic, with great restlessness, tossing in every possible direction. The following case illustrates the action of this remedy :—

Miss ——. Menstruation became painful after working in a rubber factory, where she had to stand all the time : severe pain all through the flow and only during the flowing ; pain always in the middle of the body, from the small of the back down into the pelvis, doubling her up so that she cannot bear to stand straight, worse on any exercise, better from perfect rest and warmth ; some pain similar to this, but not so severe, for three days before the flow ; entire loss of appetite, food disgusted her, odor of food very disagreeable ; very weak after the flow ; periods regular every twenty-eight days, flow thick, stringy, dark, often very offensive. She had suffered for seven years. I gave her *Pulsatilla*^{3x} for one month, which relieved her very much. The next month I prescribed *Pulsatilla*²⁰⁰. After this she became perfectly well, the periods painless and natural.

1 *Secale*²⁰⁰. *Pains in the uterus of an expulsive character ; constipation after menstruation ; brunettes who are inclined to be thin and scrawny ; nausea and vomiting ; loss of appetite ; pain worse from any motion or the application of heat ; coldness of the abdomen during menstruation ; cold hands and feet, especially tips of fingers and toes ; extreme debility and prostration after menstruation ; severe, agonizing pain the first part of menstruation ; flow thin and dark, too profuse and of too long duration.*

Silicea has proved a most valuable remedy taken between the periods when the menstruation has been very profuse with great pain for two or three days, much prostration and severe watery, painless diarrhœa before and during the menstrual period.

Veratrum viride^{1x}. — Six drops in half a cup of hot water, and a teaspoonful every fifteen minutes till better. It is a remedy not often used, as the cases requiring it are not common. Intense pain, more espe-

cially before the menses, with great congestion of the head in plethoric women ; pain all over the body ; head and face look bloodshot ; pulsation in head, neck, and blood-vessels distinctly marked ; confusion of sight or disappearance of it at times is not uncommon.

! *Viburnum opulus* tincture, taken the same as *Gelsemium*, will often relieve the pain like magic, but other remedies between the monthly periods are often required to effect a cure. Neuralgia or spasmodic dysmenorrhœa. Before the menses there is bearing down, aching in the lower part of the spine and in the uterus ; excruciating, crampy, colicky pains in the uterus ; much nervousness, and occasional shooting pains in the ovaries. The pain and nervous restlessness continue with nausea during the flow.

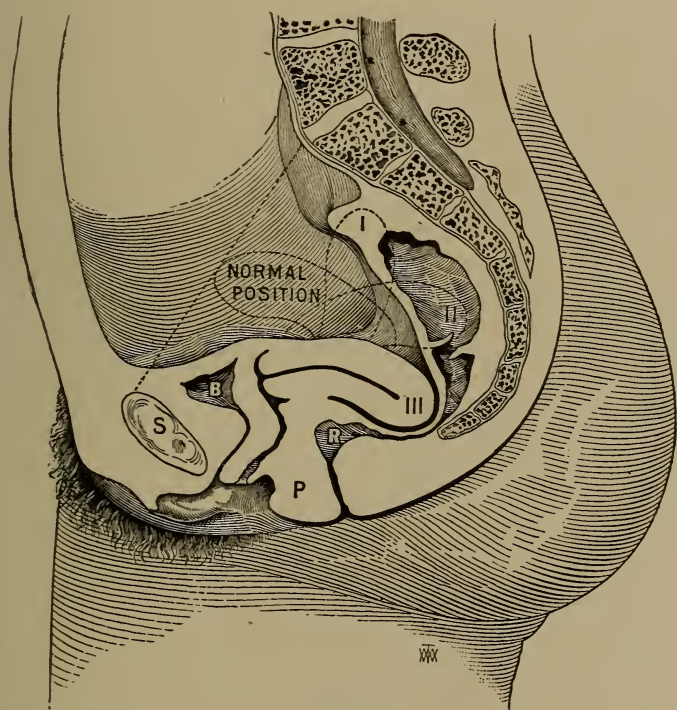


PLATE III.

Retroversion of the uterus in the third degree. Dotted outlines I and II show locations of the uterus in the first and second degrees. Compare Plate I., page 25.

CHAPTER XII.

DISPLACEMENT OF THE SEXUAL ORGANS.

THERE are few diseases of the female genitals more common than uterine displacements; fortunately, these are readily relieved in most cases.

A reference to the chapter on "The Anatomy of the Female Pelvic Organs" will do much to make this subject clear to the reader. The uterus is naturally a very movable organ, and readily passes from a physiological position to a pathological one. Thus this organ may be turned forward into the position known as anteversion; or backward, retroversion; or again it may sag downward, forming prolapsus, or "falling of the womb." (Plate V., opposite page 130.)

All these displacements may occur without the uterus bending on itself. It not infrequently happens that the cervix of the uterus remains at or very nearly in its normal position and the body of the uterus is bent forward, *i. e.*, ante flexion; or backward, retro flexion.

Posterior Displacements

Of the body of the uterus are the most common, and cause the patient more suffering than the other forms. The symptoms of retroversion (Plate III.) do not differ materially from those of retroflexion (Plate IV.), except that in the former, frequent passing of small quantities

of urine is more common from the pressure of the neck of the uterus against the bladder. As the two displacements are so nearly alike, especially in their symptoms, and are not to be treated differently in domestic practice, the author believes it best to group the two together.

The most common and constant symptoms of backward displacement of the uterus are, a feeling of sagging or weight in the lower part of the abdomen, sometimes so much so that the woman feels as if something would come out of the private parts.

Some ladies express their feeling as that of a sinking or faint sensation in the lower part of the bowels ; others complain of nervousness, fretfulness, and being very tired after walking. The next most common symptom is persistent backache at the lower portion of the spine, which is very much aggravated by walking, lifting, reaching, straining the abdominal muscles, or going up and down long flights of stairs. Many ladies are utterly unable to walk half a mile or even much less distance. The pain is probably due to the pressure of the uterus on the sacral nerves connected with the spinal cord ; for this reason and also on account of the intimate connections of the organs of generation with the sympathetic and nervous system in general, there are many other remote symptoms.

Patients not uncommonly have pain along the spinal column or in spots on it. Headache, especially in the nape of the neck, is not infrequent. The stomach often suffers from the injurious effects on the nervous system, and a sense of weight, goneness, or sinking in the stomach is often observed.

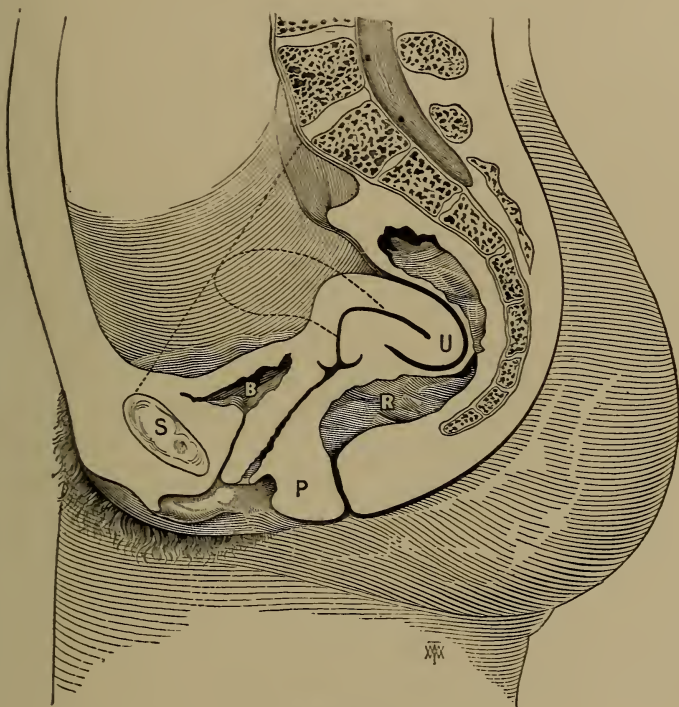


PLATE IV.

Retroflexion of the uterus. Dotted outline shows the natural position of the uterus.

Sometimes the pain may extend into one or both legs, and is increased at the menstrual flow, which is likely to be painful.

The third most common symptom is the frequent passing of small quantities of urine.

To recapitulate, bearing down in the pelvis, back-ache low down, worse on exercise, and too frequent urination are characteristic symptoms of the disorder under consideration. The latter symptom is not uniformly present, but I have known an excellent physician to keep a patient in bed for six weeks, believing she had catarrh of the bladder; not being better, she came to me. The cause was apparent. I placed the uterus in its proper position, and within an hour she was practically a well woman.

As a result of a displacement of the uterus, besides the wear on the nervous system, the womb usually becomes very much congested, occasionally painful, and leucorrhœa often follows in time. The marital relations are sometimes distressing, and often aggravate the congestion. Sterility or barrenness is not infrequent. If conception occurs, miscarriage before the completion of the third month of pregnancy commonly results, if the case be not properly treated by a physician.

The uterus often becomes displaced from an accident and violent jar to the body, causing severe pain in the pelvis, inability to walk, and other symptoms enumerated above, only of a much more severe and violent character. It is of the greatest importance that such an acute displacement be treated immediately by restoring the uterus to its normal position and keeping it there; otherwise, as I have seen, the suffering woman

may become a hopeless invalid. Not a few of these displacements are due to falls while skating, falls from chairs, fences, jumping from wagons, etc. The more severe symptoms subside after a few days, and the family think there is no need of consulting a doctor. Such cases are never to be treated lightly as of little consequence. An examination can easily be made either by the vagina or rectum without pain, instruments, or exposure of the person, and may save years of suffering in after life.

The enumeration of all the causes of uterine displacements would require too much space and is unnecessary. The following are the more common, and may serve as a list of things which every woman should avoid doing so far as possible:—

A sudden jar to the body, as jumping from a fence or carriage, or any accident causing a sudden jar toward the pelvis; moving heavy furniture, such as pianos; lifting heavy weights; much reaching and long walks with a distended bladder, especially at or near the menstrual period are also common causes; injury to the perineum after childbirth, and neglect of the physician to sew up the tear, which always should be looked carefully for after labor; and lastly, but by no means the less in importance, getting up too soon after confinement.

As less frequent causes may be mentioned, tight lacing and heavy skirts hung on the waist instead of from the shoulders; tumors pressing the uterus down from above; enlargement of the uterus, and sitting in easy-chairs near the centre of the seat, allowing the small of the back to touch the back of the chair, and

bending the body forward ; constant wearing of high-heeled shoes also tends to produce uterine displacements.

The author has endeavored to give the reader a clear account of the symptoms of these displacements, so that a woman can recognize the probable cause of her complaints, and insist on proper examination and treatment. In cases of long duration not a little skill is necessary on the part of the physician. It is a common experience to see cases which have been examined repeatedly by physicians who did not find the displacement. I could mention many patients who had become either bedridden or chronic invalids, the attending physician not knowing the true cause, and these same patients have been restored to health by proper treatment.

One lady, in particular, had been in bed nearly all the time for seventeen years, supposed to be suffering from spinal disease. Fifteen physicians had preceded me with unsuccessful treatment. Possessed of more than ample means, she had received careful nursing and attention. Spinal symptoms do not always mean spinal disease, and, as in this case, excellent physicians are sometimes misled by them. A careful analysis of the symptoms and of the history of the case convinced me that a serious mistake had been made, and I found a posterior displacement of the uterus, which I corrected. Having removed the cause of her complaints, treatment was directed to restoring to health, so far as possible, the shattered condition of her nervous system. She is now nearly a well woman, but her constitution has been seriously impaired by years of suffering and neglect of

the cause of her complaints, which ought to have been discovered years ago.

Ladies can do much to give themselves relief, though a few cases of displacement are observed where patients make no serious complaint of their condition. These, it must be remembered, are comparatively few, and a physician known to be familiar with such diseases should be consulted. He will then be likely to introduce a pessary (Plate VIII., opposite page 144), or to insert medicated tampons of wool or cotton, and to order copious hot-water vaginal douches to reduce the congestion. If the perineum be seriously injured, an operation will become necessary, which will keep the patient in bed for a fortnight, but she ought not to suffer pain at any time, except a little for the first two days after the operation. I now use specially prepared sutures, so that there are no stitches to be taken out.

The only self-treatment a woman can give is adapted to the other forms of displacement, and will therefore be described after the following less important displacements have been mentioned.

Prolapsus Uteri (Falling of the Womb)

Has all the symptoms of posterior displacement, which always precedes it. The difference is, that the uterus is much lower down, is easily touched with the finger, or may even protrude into the world. If the mouth of the womb comes half-way to the vaginal entrance, it is called a prolapsus of the first degree; if it comes to the vaginal orifice, a prolapsus of the second degree; if the entire uterus comes out into the world, it is called a pro-

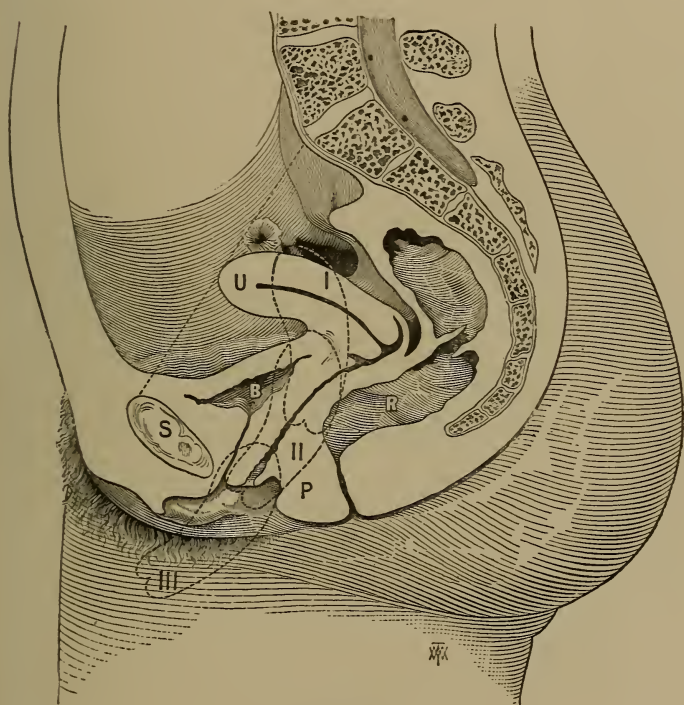


PLATE V.

Illustration of the three degrees of prolapsus of the uterus in dotted outlines I, II, and III, as compared with the natural relations of the parts.

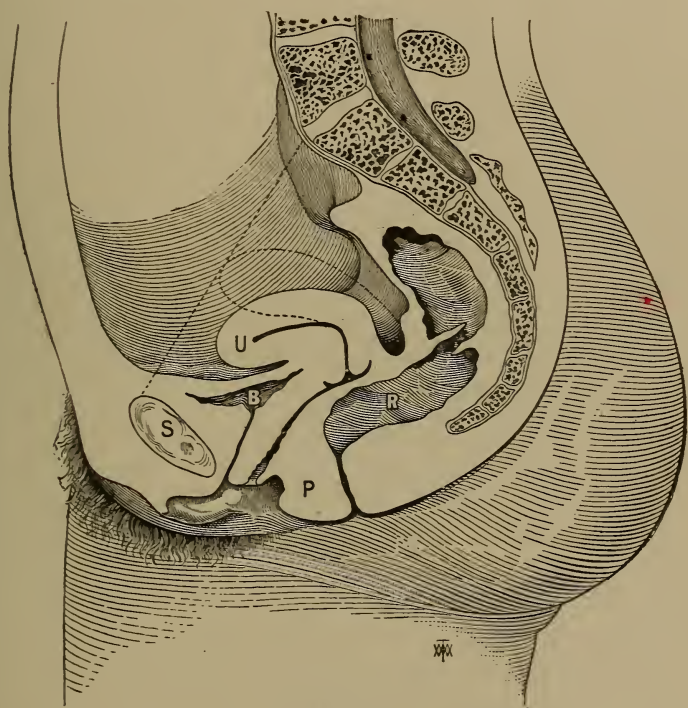


PLATE VI.

Antelexion of the uterus as compared with the normal position in dotted outline.

lapsus of the third degree or complete procidentia uteri. Walking is likely to be difficult, and in bad cases, inflammation of the bladder is not uncommon. When the entire uterus has remained for some months outside the genitals, the mucous membrane becomes whiter and thickened like skin; there are often ulcerated places on it as the result of friction, and scars where these places have healed.

Forward Displacements of the Uterus (Anteversion and Antelexion)

Are not uncommon, but give the patient very little trouble in comparison with the posterior displacements just described. The chief symptom is very frequent passing of urine from the pressure of the uterus on the bladder. (Plate VI.) Sterility is more common with these displacements than with those just considered. Painful menstruation is a frequent attendant.

Displacements of the ovaries also occur, either with or without displacements of the uterus, and may or may not be accompanied by adhesions; but as a woman can do no more for herself in domestic practice than use the treatment about to be described, there is no use in mentioning them in a work of this character. The same is true of those rare cases in which the uterus is turned wrong side out, *i. e.*, inversion of the uterus.

The Treatment of Uterine Displacements.

Prevention is better than cure, is a proverb nowhere better illustrated than by the class of diseases now under consideration. Not a few women suffer the rest of their life as a result of getting up too soon after confinement.

No woman, however strong, should stand on her feet, much less do any work about the house, within ten days after delivery. Fourteen days is far too short a limit. Three weeks is soon enough to get around carefully, and if it causes any bloody discharge from the vagina, the woman always ought to return to bed for a few days more. It is important to remember that protracted flowing in small quantities after confinement is an important symptom, denoting either a misplaced uterus or that something is retained in the uterus. The *red* flowing should cease entirely on the sixth day. When it continues after that time, always call especial attention to it when the doctor makes his visit.

The reader will do well to read over the list of causes producing displacements, and avoid them so far as possible. Rest in bed during the entire menstrual period is very important in treating these displacements.

Hot-water (112°) vaginal douches, six quarts at a time, night and morning, are often very helpful in diminishing the congestion of the uterus. (See chapter on "Puberty and the Climacteric Periods" and the one on "Inflammation of the Pelvic Organs.") If the sense of bearing down and soreness in the pelvis troubles the patient much, she will do well to inject into the vagina, with a piston syringe, one tablespoonful of the best quality of glycerine and an equal amount of hamamelis. This should be done after the hot-water douche, with the hips resting on pillows considerably higher than the shoulders, and a napkin applied to receive the discharge from the vagina. The patient should remain in this position fifteen minutes after taking the injection, so that the solution will thoroughly bathe the parts.

If there is much burning, heat, or throbbing in the pelvis, especially if worse on the right side, one teaspoonful of the tincture of belladonna can be used with the glycerine instead of the hamamelis, and applied in the same way. When the vagina is simply in a relaxed, flabby condition, and the pelvic organs are not particularly sensitive, astringent injections in the vagina will sometimes give temporary relief. A decoction of white-oak bark, strong enough to be very puckery to the taste, or, what is simpler, adding enough of the fluid extract of white-oak bark to a pint of warm water to give the same astringent taste, makes an excellent injection. A tablespoonful of glycerine added to the pint of astringent fluid used for the injection diminishes the dry feeling which commonly follows its use. Tannin and alum are also employed in the same way, by mixing them with water till the latter has a marked astringent effect.

A great deal of relief is often obtained from an abdominal belt or supporter, which can be made easily, and should be fitted by another person to the individual who is to wear it. This is to be applied after taking the knee-chest position described below. It acts as a kind of temporary shelf to keep off the weight of the intestines, and pressure when coughing, straining at stool, lifting, etc., from the contents of the pelvis below. When carefully fitted, I have seen great relief from them, not only in uterine displacements, but also in various acute and chronic inflammations in the pelvis. Not all women can wear an abdominal supporter. Those with broad hips, bulging considerably between the trochanters major and crests of the hip bones, are best adapted to

them, as the supporter is not likely to stay well in place on a straight-hipped woman.

I have had the most satisfaction from an inexpensive supporter, which can be made by any ingenious woman in the following way : The patient must first remove her corsets, loosen all the clothing above the hips, and lie down with the pelvis a little higher than her shoulders, and the limbs straight. A firm linen towel is then to be pinned tightly over the hips next to the skin, the same as the binder after confinement, taking care that it is perfectly smooth, and the lower edge an inch and a half below the genitals. This holds up the abdomen and affords a perfectly smooth surface, over which a pattern of firm cotton cloth or the supporter itself can be fitted. The latter should be made of a piece of light-weight but firm Russian crash about thirty-two by thirty-eight inches, *i. e.*, wide enough to fold double and go around the patient. If the crash cannot be obtained, a firm piece of drilling is a good substitute. Firmness is very important, and for this reason, flannel, india-rubber sheeting, ordinary cotton cloth, etc., are totally unfit for the purpose. It is folded double, not merely to make it firmer, but especially to have all seams sewn inside and not press next to the skin. This is fitted smooth and tight over the first binder by folding over the upper border in places, and cutting out the slack cloth in the hollow of the back in a concave line. A V-shaped piece an inch and a half wide and two inches and a half deep is cut out from the lower margin over each trochanter, and a couple of pieces of strong elastic webbing stitched in. This keeps it snug and also allows more motion to the limbs. Underneath each

gore is a lappet of cloth to prevent chafing the skin. Two buttons are sewed on at either side, to which the stocking supporters are attached, keeping the supporter from slipping up on the hips. Ten or a dozen small black or brass buckles and as many pieces of firm webbing an inch wide and three inches long are sewed on its ends, which lap over in front and a little to the right side. This allows more perfect adjustment to the form. In some women the hip bones project anteriorly and the abdominal walls are so thin they would not receive sufficient support from a simple binder. In these cases a pad is needed corresponding to the shape of the hypogastrium, and thick enough to exercise gentle pressure, as if the hand were there holding up the bowels. If the pad be thick, curled hair is the best material; if thin, a folded linen napkin answers the purpose. This pad or cushion should be separate from the supporter, and fastened to it by safety pins. This allows the former to be washed, and, by having two or three extra ones, the patient can wear a clean supporter as often as she likes. Instead of the firm webbing and buckles fastening the supporter in front, some of my patients, who prefer to have it open over the back, put in eyelets and lace it with elastic lacing so that the support will not bind, but yield more to the movements of the body.

Sometimes three or four may have to be made before a close-fitting supporter is obtained, which stays in place and gives comfort to the wearer.

Should this happen to prove impracticable, the patient will do well to purchase a MacIntosh supporter, which often proves very helpful, especially for prolapsus of the uterus.

There is one simple way by which a woman can often replace her uterus if it is not fixed by adhesions (see Plate VII.) or wedged in the pelvis. In order to do this, she assumes the position shown in Fig. 7, having on only her nightdress; kneeling on the mattress with the chest touching the bed, she must separate the private parts by reaching behind with one hand so that the air will enter the vagina, and by atmospheric pressure force the uterus into position. In this position, the intestines sag forward, and at the same time deep inspiration and violent expiration of the patient will tend to



FIG. 7. Knee-chest position for self-replacement of the uterus by atmospheric pressure. The uterus displaced toward the back drops down into place as shown by the lightly dotted line.

increase a vacuum in the abdomen and further help the uterus to assume its proper position. Coughing while in the knee-chest position has a similar effect. This manner of breathing deeply and expiring vigorously and suddenly is of very great importance. There is one error a woman is very apt to make for reasons of comfort, and that is to have the knees under or partially supporting the abdomen. This is likely to prevent benefit from the position.

Particular pains must be taken to have the knees a

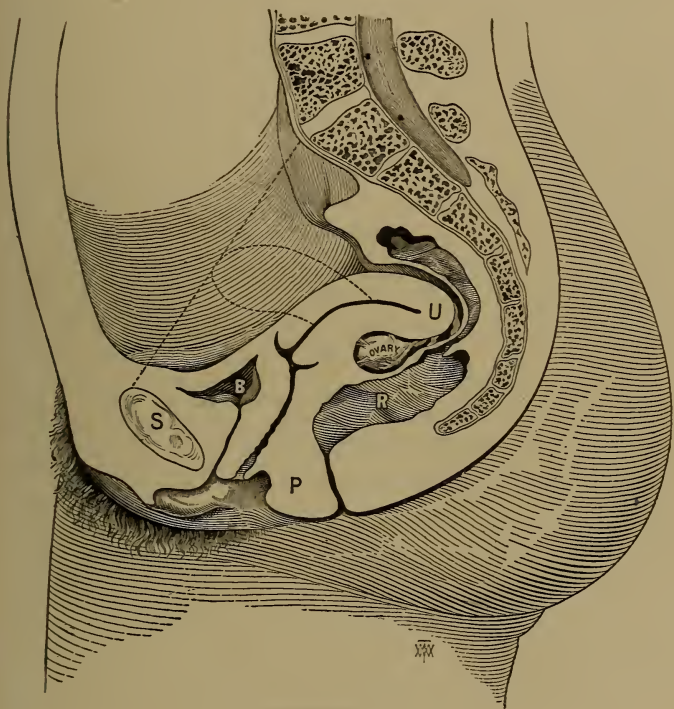


PLATE VII.

Retroflexion of the uterus and prolapse of the ovary with adhesions. Dotted outline showing the uterus in its natural position.

little back of a perpendicular line with the hips ; to have the body pitch slightly forward, and one more important thing, to have the small of the back perfectly relaxed and bent down as much as possible. If all these directions are carefully followed, a sufferer from a uterine displacement can give herself much relief with a little practice by taking this knee-chest position, as it is commonly named. It should be taken night and morning, about ten minutes at a time, and followed by fifteen minutes' rest, if no other exercises are taken. It can of course be employed at any time as a relief to backache or to other discomforts.

It is evident that any increase in strength of the ligaments or muscles is a great advantage when the uterus is out of place, its ligaments weak and relaxed, and the muscular structures of the pelvis too weak to do their duty of affording support to the womb. Simple as the problem seems, it has been very difficult to solve. A Swedish gymnast has, however, devised a method which has proved to be of almost inestimable value. It requires at least three months of daily practice. The development of muscular tissue, as in the blacksmith's arm, requires time and constant exercise. It must be clear that immediate results from this treatment cannot be expected. On the other hand, persistent effort and faithful observance of the directions, even if not entirely successful, will do much toward restoration to health.

These exercises should be taken morning and evening with the patient dressed only in her nightgown, and lying on a hard mattress or couch. Study carefully the position of the patient and her husband in Fig. 8. Notice that the shoulders are raised somewhat higher

than the hips, and that her heels are placed together, also that when the exercises are performed she holds up her back and hips free from the sofa, so there is about six inches of space between them.

In the first movement the patient occupies the above position with her knees together. Her husband or some strong woman sits at her side, or bends over her, places the inside of his hands squarely on the inner sides of the knees and *steadily* forces them apart without any jerking or sudden movements. The patient



FIG. 8.

Exercise to strengthen the abdominal and pelvic muscles.

must oppose this by firmly contracting the muscles to keep the knees together. She should not use all her strength, but enough to feel a sense of weariness afterward. During this time she must be particular to maintain the position shown in Fig. 8, with the body well raised from the mattress.

When the knees are forced at least eighteen inches apart, the exercises are reversed. The husband places his hands outside the knees and steadily forces them

together, while his wife will now oppose this by endeavoring to keep her knees separated, her body remaining in the same position as before.

As a rule each of these exercises should be repeated three times night and morning at the commencement, and increased to ten times as soon as the patient can take them without too much fatigue.

The following method of beating the spine is often very soothing to one suffering from backache, and is believed to influence the circulation of blood in the pelvis by its vibratory effect on the spinal nerves. It follows well right after the exercises to strengthen the pelvic muscles which have been described above. It is performed as follows, and will be better understood by reference to Fig. 9, which is an illustration of the exercise in a

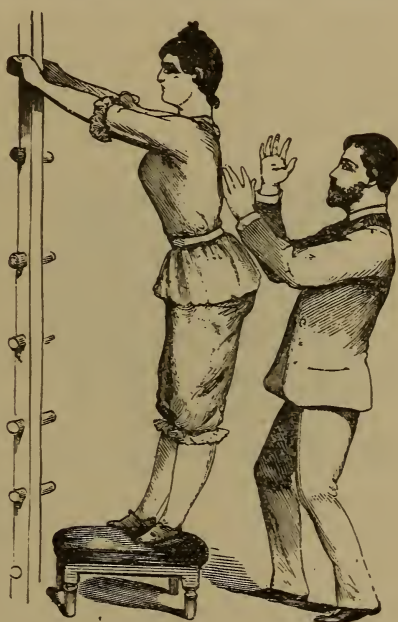


FIG. 9.
Percussion of the spine.

Swedish gymnasium. Notice particularly in this cut how the hands and fingers are held, and how the side of the little finger first raps the patient, and each finger comes down on the finger underneath, so that each little blow the patient receives is accompanied by the rattle of the knuckles on each other, communicating a peculiar vibration to the patient. A little

practice, holding the fingers loosely and nearly straight, will soon enable the husband or some woman to apply the treatment perfectly. The blows are to be on each side of and near the spine, never on the bones, must never cause pain, and are to be given in quick succession, first one hand and then the other, *i. e.*, alternately up and down the spine. Once over the length of the spine is enough for the first treatment, which can be increased to three or four times, if the patient feels benefited. A good position for her while receiving the treatment is to stand slightly bending forward and supporting herself with her hands on the back of a

chair, as in the former exercise she should wear only her nightgown.



FIG. 10.
Dry cell battery for domestic use.

The Faradic (electric) current is often very beneficial in treating uterine displacements. This current always makes a buzzing sound. A large elec-

trode should be placed over the region of the bladder and connected with the positive pole of the Faradic battery. I have found that a good-sized napkin of Turkish towel-ling, folded three by four inches and thoroughly wet in salt and water, makes an excellent large electrode; the regular wet sponge electrode can be placed directly on top of this wet folded napkin on the abdomen, and the electricity be dispersed with much less smarting than usual. An ordinary vaginal electrode to give the electricity internally in a proper manner is advisable. This electrode is inserted in the vagina as far as it will

enter after the large electrode is in place over the bladder and connected with the negative pole. The current from the battery is then started and gradually increased to only comfortable endurance. The current is continued at this strength for ten minutes and then gradually diminished. There must be no sudden shocks by quickly increasing or diminishing the strength of the current, and there is no benefit in trying to see how much electricity can be taken. Severe currents may do harm, and never do more good than moderately strong ones. The electricity should be taken once every day, excepting at or near the menstrual period, when it might increase the menstrual flow. This same use of electricity is good for scanty or suppressed menses, also for painful menstruation.

The buzzing sound should be low pitched in character, *i. e.*, have a slow vibration, and can be regulated by turning a little the thumbscrew which touches the vibrator near the coil.

I have recommended with satisfaction for family purposes the batteries made by Waite & Bartlett, 206 East 23d Street, New York. They cost from about ten dollars to sixteen dollars, are durable and perfectly safe. The Florence battery is one of the best cheap batteries. Cheaper batteries can be purchased, but, as a rule, they are apt to prove playthings and soon become useless.

Should a lady afflicted with a displacement of her uterus become pregnant, she should deem it a fortunate circumstance. Care must be taken that the uterus is kept in position till after the fourth month, when it will take care of itself. As she will need a physician at

the time of labor, he should be summoned as soon as pregnancy is discovered, and acquainted with the fact of the displacement as a complication needing his attention. Care after confinement, lying on the side instead of on the back, the attention of the physician to maintaining the uterus in position, and no straining or muscular efforts on the part of his patient, will do much to cure many cases of uterine displacement as a result of pregnancy.

The question of an operation must rest largely on the results of treatment and the opinion of a competent physician. In a general way, it may be stated that a majority of ladies who notice air entering and escaping from the vagina in various positions of the body will need an operation. The anatomical reasons for this are too intricate for explanation.

So much has been written, my reader may seem puzzled as to what course she should follow, and for this reason I add a brief *résumé*. In the first place, persistent and constant effort is necessary to cure, and even then, many women will require the further aid of the physician to replace the uterus and adopt measures to retain it in position. Otherwise that organ is not likely to remain replaced but a short time. All causes or aggravating conditions of her complaints must be avoided. Use the hot vaginal douche night and morning unless it increases the pain, follow it with the knee-chest position, then the exercises of the knees; this in the morning with electricity, and in the evening with the beating along the spine. This means an hour's work night and morning for probably three or more months, but in very many cases the results obtained will be well worth

the trial. All this time take such medicines mentioned below as may seem best indicated, and remain in bed during each menstrual period.

When the uterus is completely prolapsed and too large to enter the vagina and be kept there by a bandage over the parts or a supporter, the patient should go to bed with the hips raised a little higher than the shoulders. The prolapsed uterus should be bathed night and morning with five quarts of hot water at 110° F., and afterward wrapped in absorbent cotton saturated with pure glycerine. In two or three days the uterus will shrink so that it can be replaced. If there are any sore or ulcerated places on it, the free application of *Calendula* cerate will help to heal them. Further treatment of such a case should be conducted by a physician.

In many cases pessaries are used ; hard rubber ones are the best as a rule, because the soft rubber soon becomes very offensive. These instruments require to be fitted very carefully, and are then almost invaluable. Once in proper position, a woman should never be conscious of its presence. As a rule, a pessary does not interfere with the marital relations. It never causes cancer, tumors, or any other awful disease which is told a woman either in ignorance or to scare her. Pessaries which do not fit may cause inflammation, and when left in too long may cause ulceration or become imbedded in the tissues in the course of a few years. No woman should ever wear a pessary continuously for more than six months without removing and cleansing it, and having it replaced by a physician. A pessary cannot be properly placed by the patient herself. Patients so often ask what is the position of the instrument in the

vagina that Plate VIII. is given to show the situation of a pessary for a posterior displacement.

The question of ultimate cure is best described by the following classification, and will be most likely to take place in the order given :—

1. Displacements from traumatism, as a fall or lifting, when reduced immediately.

2. Displacements immediately following parturition, if they are recognized and properly treated soon after delivery.

3. Recent displacements in women usually strong, but for the time being in poor health ; the pelvic organs in an atonic condition, but the perineum intact. A generous diet and pregnancy are most likely to result in cure.

Marked cases of uterine displacements, excepting inversion, which have lasted for a number of years, are seldom permanently cured, though the patients may suffer no inconvenience if mechanical treatment be employed.

Therapeutics. .

The medicines are to be used in the third preparation, unless otherwise mentioned ; a dose half an hour before each meal and on going to bed.

Arctium lappa^{lx} merits a careful trial. The writer has recently used it empirically in the first and second dilutions for many cases of retroversions, flexion, and descent of the uterus, with as good results as with any other one remedy. While there have been failures, he has met with considerable success in relieving symptoms, and but little success in changing the position of

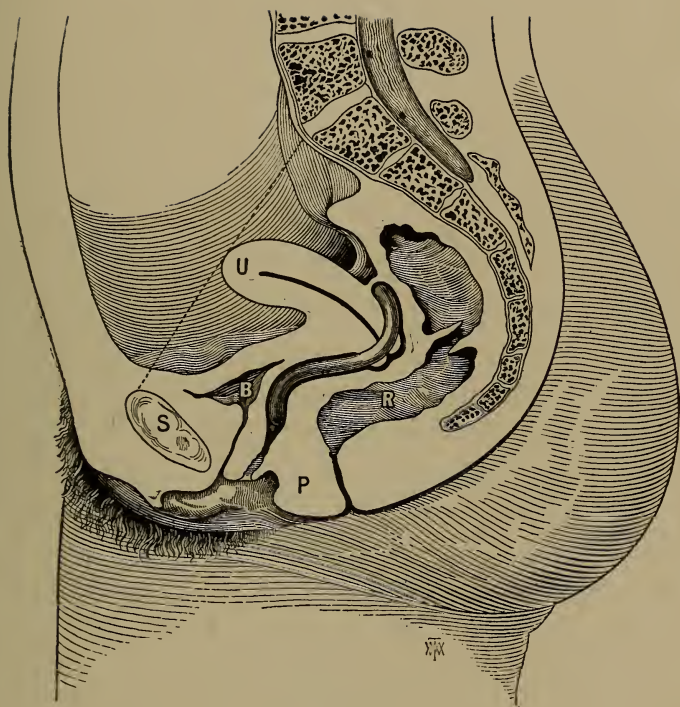


PLATE VIII.

Uterus held in position by a retroversion pessary.

the uterus, though such cases are reported. The best results have been obtained in young unmarried women suffering from retroversion and complaining of anorexia, prostration of the muscular system, pain in the sacrum and thighs, especially the right side, and soreness in the pelvis. Abnormal discharges from the vagina do not appear to be necessary in prescribing this remedy.

| Belladonna.—A valuable remedy, highly recommended by Drs. C. Dunham, Matheson, and others. It is especially applicable to cases of recent displacement, with active congestion of the uterus and surrounding structures, especially the right ovary; *back aches as if broken* in small of back; the urine is dark, scanty, with frequent tenesmus of the bladder, and slight strangury; *the menses are too early and too profuse, or offensive, thick, decomposed dark red blood*; the pelvic pains are burning, throbbing, or lancinating; *there is great pressing downward in the genitals, as if everything would fall out*; worse when sitting bent over or when walking, better by sitting erect or standing. *Sepia*, *Nux vomica*, and *Pulsatilla* have very similar symptoms, differing by the following concomitant symptoms: *Sepia*,—aggravated by sitting up, more so by standing, and most of all by walking; relieved by lying down. *Nux vomica*,—constipation, but little leucorrhœa. *Pulsatilla*,—worse from heat, better in open air; pressure on the bladder, with frequent copious micturition without strangury; copious, thick leucorrhœa. On examination, the vagina is hot and dry, the right ovary tumefied and sensitive, and sometimes pulsations are felt in the congested organs.

Calcarea carb.—Scrofulous diathesis; *menses too*

early, too long, and too profuse; milky leucorrhœa, acid reaction, with itching and burning; easy perspiration, profuse in the morning; much sweat about the labia; aching in the vagina, and stinging in the mouth of the womb.

Conium. — *Indurations of the uterus; of ovaries; of breasts; lancinating pains in the pelvic organs; soreness and swelling of the breasts before the menses; stinging pain in cervix uteri.*

Helonias^{lx}. — Sensation of soreness and weight in the pelvis; prolapsus uteri and ulceration of the womb; leucorrhœa dark, offensive, and constant, may be serous, with profuse flowing; flowing on lifting, or the least exertion. Patient anæmic, and face sallow; menses too frequent and profuse; flow passive, dark, coagulated, and offensive. *The vagina is in an irritable condition*; the labia hot, red, swollen, itching, and sometimes aphthous.

Nux vomica is an important remedy for the treatment of various uterine displacements. Passive congestion of the pelvic veins; pressure towards the genitals, especially in the morning; menses too early and too profuse; flow dark; during menses, morning nausea with chilliness and attacks of faintness; constipation; general muscular debility. Dr. Leadam recommends that it should be followed by *Sulphur* when used for congestion of the uterus.

Platina. — *Increased sexual instinct*; with prolapsus, there is menorrhagia; *flow too early, too profuse, and too long, with much bearing down*; pains in the small of the back, extending to the groins; great sensitiveness of the genital organs; painful sensitive-

ness, and constant pressure in the region of the bladder and genital organs.

I *Secale* is especially applicable to *displacements following childbirth*. Its characteristic action on the uterus, such as prolonged bearing down, forcing pain in the pelvis, urging toward the genitals, *and persistent atonic uterine hemorrhage of dark or very fetid blood, indicate it*. A fresh preparation should be used persistently.

II *Sepia*. — The simultaneous irritability of the bladder and the presence of leucorrhœa, together with the hot flushes and the sympathetic affections of remote organs, serve especially to indicate it. The pain in the uterus, with severe bearing down and strong pressure in the pelvic organs, is very characteristic. The vagina is hot, dry, and painful to the touch. There may be excoriating, yellow, or milky leucorrhœa before the menses. The sensation of sinking or “goneness” in the epigastrium is a leading symptom. The bearing down is relieved by lying down, returns on sitting up, is worse on standing, and is particularly aggravated by walking. There is marked venous congestion of the pelvic organs.

Stannum has often proved very serviceable ; leucorrhœa of yellow, white, or transparent mucus, with great debility ; prolapse of the vagina or uterus, with bearing down in the hypogastric region ; the menses are too early, profuse, and preceded by melancholia.

I *Sulphur* is an invaluable remedy for all forms of uterine displacement, and must be persistently used in cases of inflammation and venous congestion of the pelvic organs. The menses are too late, too profuse,

and of too short duration ; the blood thick, dark, and excoriating ; and during the menses there is pressure in the pit of the stomach, burning in the vagina, and after the flow profuse yellowish excoriating leucorrhœa. The general symptoms are important, such as heat on top of the head, with cold feet ; burning of the soles of the feet, and cramps in the calves of the legs and soles of the feet at night.

COLORED PLATE II.



Fig. 1.

A congested and enlarged cervix which is often associated with chronic inflammation of the uterus. The black ring represents the vagina. (Heitzman.)

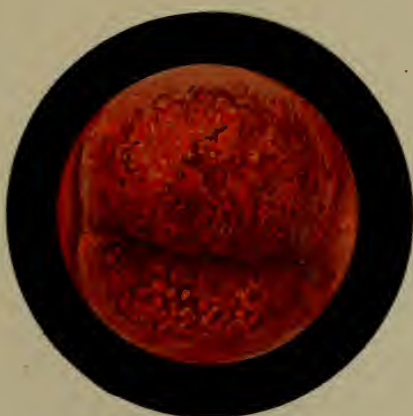


Fig. 2

Laceration, erosion, and inflammation of the cervix, which is often called ulceration. The black ring represents the vagina. (Heitzman.)

CHAPTER XIII.

LEUCORRHŒA OR WHITES.

By this is meant a fluid discharge from the vagina other than the menses. It is commonly of creamy consistency and yellowish white color. It may be much thinner or thicker, bland or excoriating, inodorous or very offensive. It is commonly worse just before or just after the menses, and may vary from scarcely noticeable moisture to a profuse discharge.

It is not a disease in itself, and is only a symptom of other conditions ; the most common of these is endometritis, or inflammation of the lining of the uterine canal. It generally accompanies inflamed lacerations of the cervix, commonly called ulceration of the womb. (See colored Plate I., opposite page 28, and Plate II., opposite page 29.) The author desires to emphasize that this latter condition is exceedingly rare, and the cases commonly called "ulcerations" are really only places where the skin is off, and in nearly all such cases the uterus is torn, which gives it the appearance of being ulcerated. The accompanying pictures of the appearance of the uterus as seen through the speculum are reproductions of very careful paintings from nature by a famous medical artist in Vienna. The first plate shows congestion of the cervix which is accompanied usually by slight leucorrhœa, and is often the preliminary stage of other diseases. The other plate shows

a laceration of the uterus, which has become inflamed, eroded, and is accompanied by profuse leucorrhœa. Sometimes leucorrhœa is merely the attendant of a poor state of health in a scrofulous person. It may be present during a suppression of the menses, or in young girls not yet menstruating. It is not uncommon for leucorrhœa to appear only once a month, and may then be said to take the place of the menses.

This affection causes much distress to many ladies, and when the discharge is very copious, it is apt to prove weakening to the general health. In little girls it may occur from tickling the parts with the hands, from pinworms, or illicit intercourse with children of the other sex. It is also common merely as an expression of a scrofulous tendency in those girls who are growing very fast or are not in vigorous health.

There is one other form of vaginal discharge at the climacteric period or change of life which demands immediate attention from a physician. Not that it causes much trouble to a woman who is likely to postpone a consultation for this reason, but because it is one of the earliest symptoms pointing to the growth of a cancer. This discharge is characterized by being watery, offensive, and acrid, causing smarting of the parts.

Another form of vaginal discharge is due to impure sexual intercourse, and is highly infectious. It constitutes a disease in itself, and is called gonorrhœa. It develops generally within thirty-six hours after the infectious connection, and commences with heat and burning in the vagina, with painful and frequent urination. These symptoms are soon followed by a copious,

creamy, yellow discharge from the vagina. This disease requires very great care of the person and extreme cleanliness. All cloths soiled by the discharge should be burned, and the utmost precaution taken that not an atom of the secretion touches the eye. Should this happen, the eye would become violently inflamed and the sight is often destroyed.

In the treatment of this disease, vaginal douches of four quarts of warm water must be used from four to five times a day. These douches can be medicated to advantage with the following remedies, using them in their order as the order of preference. Mix enough of the aqueous extract of *Hydrastis* with the douche to color the water yellow. If the discharge continues to improve, do not change this medication ; but if all the symptoms are quite as bad at the end of forty-eight hours, use the following remedy. This is a favorite German prescription. Procure at the drug store a six-ounce bottle containing equal parts of chloride of zinc and water. Mix one tablespoonful of this solution to a quart of warm water for an injection. Do not use this injection more than once a day. The other daily injections can be pure water, or the same as the first injection.

Continue the injections every other day for a couple of weeks after the discharge has ceased. Should the precise cause of a violent inflammation of the vagina, and a thick yellow leucorrhœa like that just described, be uncertain, a proper microscopic examination of the secretion will establish the diagnosis if the case be one of gonorrhœa.

It should be remembered that leucorrhœa is some-

times natural in character. It then lasts only a few days at a time, perhaps only before or only after the menses, or is caused by wearing thin open drawers and using a cold privy exposed to draughts of air. Under the latter circumstances, warm underwear and the use of a chamber or chair in a warm room may be quite sufficient to cure the case.

Persons who have leucorrhœa in consequence of ill health require to be built up, and, as their general health improves, the vaginal discharge will generally cease. A generous diet is of prime importance, such as plenty of good beef, milk, and eggs; abstain from tea and coffee and all highly seasoned and fried food; plenty of fresh air and as much exercise as can be taken without fatigue are also desirable. A salt-water bath followed by vigorous friction with a towel keeps the skin in a healthy condition. Complete sexual rest is essential in curing any case of leucorrhœa, and the marital relations are to be entirely discontinued; for this reason husband and wife should occupy separate rooms. The vaginal douche must be used night and morning, first, six quarts of warm water to cleanse the parts; this can be followed by a vaginal injection of a quart of medicated water, but I prefer to use the same medications in the form of an ointment which can be readily applied with my ointment injector (Fig. 5, page 84) in the following way: warm the injector by immersing it for a couple of minutes in quite warm water; then fill the end an inch and a half full of the proper ointment; insert the injector as far as it will enter the vagina, press up the piston and withdraw the instrument; now insert well into the vagina a wad of clean absorbent cotton twice the

size of an English walnut with a string attached to it, besides wearing a thin napkin over the genitals; this is a precaution to prevent the ointment from escaping and soiling the underwear. With the exception of the last preparation mentioned below, the medicine can be used in the aqueous fluid extract, a tablespoonful to a quart of warm water, for an injection night and morning after the cleansing douche. If the ointment form is employed, the douche is only once used every other day, and is followed by the application of the ointment. In exceptionally bad cases it may be necessary to apply it every day.

The author has devised pastilles for self-treatment (Fig. 6, page 84) which contain similar substances and are much more convenient than the cerates, though a little more expensive.

Eucalyptus. — For an offensive smelling leucorrhœa.

Hydrastis. — For bland, yellowish, or creamy leucorrhœa.

It produces a yellow stain which does not wash out.

Pinus canadensis (dark extract). — If the discharge be obstinate to cure, and of long standing. In using this preparation, remember that it produces an almost indelible stain on clothing.

Calendula. — If the leucorrhœa has bloody streaks in it.

Plantago and *Boracic acid* ointment. — If there is much itching or soreness in connection with any of the above forms of leucorrhœa.

Severe lacerations of the womb should be sewed together. They cause much suffering; incurable without an operation, and if not operated on they are among the most common causes of cancer of the uterus.

Therapeutics.

Use the remedy in the third preparations, unless otherwise mentioned, a dose once in four hours. In chronic cases only take the medicine once a day, at night on retiring.

I *Arsenicum*. — Chronic inflammation of the uterus, particularly if profuse flowing is a marked symptom ; if the patient is *weak*, the discharge thin, and the pelvic pains of a *burning* character ; leucorrhœa profuse, yellow, thick, *corroding* ; pressive, burning, lancinating pains in the ovary, more often the right, extending into the thigh, which feels numb and lame, worse from motion or bending over ; cutting pains from the abdomen into the vagina ; white leucorrhœa ; acute attack from taking cold ; or debility of exhausting disease, cancer, kidney, cardiac, or pulmonary disease.

II *Belladonna* is an invaluable remedy in acute inflammation of the uterus. The cervix is very sensitive, swollen, and reddened ; the mucous membrane about the os is of a bright scarlet hue, and there may be superficial excoriations ; there is much heat, dryness, throbbing pain, and *bearing down* in the pelvic organs, more especially in the right side.

Bryonia. — If the leucorrhœa follows imperfect development or retrocession of some skin eruption.

II *Calc. carb.* — It is especially useful for *scrofulous* patients ; perspiration on the least exertion, particularly about the head ; *very hungry in the morning*, *acidity of the stomach* ; *feet feel cold and damp* ; menses *too early* and too profuse ; leucorrhœa before the menses ; *milky leucorrhœa*, at times profuse, with itch-

ing and burning. Leucorrhœa in children (*Caulophyllum*, *Cannab.*, *Sat.*, and *Sepia* have also cured leucorrhœa in children) and before puberty.

Cimicifuga. — *The patient is nervous, neuralgic, and rather hysterical, especially at the time of the menses ; the uterus is engorged ; the cervix eroded and hypertrophied ; examination shows a marked sensitiveness of the pelvic organs, especially the ovaries, and the left rather more than the right, not from pain but from the general hyperesthesia ; headache in the back of the head, forehead, over the eyes, or in the eyes ; the pain is dull, pressive, and heavy in the eyes, and there is the same heavy pressure, with a drawing sensation in the fundus of the eyeball ; the pupils dilated ; menses irregular, delayed or suppressed, painful menstruation ; nervous shuddering and tremors.*

Graphites. — *Profuse leucorrhœa of very thin, white mucus, with weakness in the back ; leucorrhœa occurs in gushes day or night ; abdomen distended ; menses delayed, scanty, and pale. Dr. Wahle prescribed it for induration and congestion of the cervix ; painful tubercles on the sides of the cervix ; great weight and lancinating pains in the lower part of the abdomen and uterus. These point to Graphites as a valuable remedy for laceration of the cervix with follicular disease.*

¶ *Helonias*. — *Leucorrhœa with general debility ; melancholia with a sensation of weight, soreness, and dragging in the uterus. It may be accompanied by intense pruritus, heat, and swelling, with exfoliation of the skin.*

¶ *Hydrastis*. — *Tenacious, thick, ropy, yellow leucorrhœa ; severe erosion of the cervix ; constipation, with*

hemorrhoids and dyspepsia, with a faint or sinking sensation at the stomach.

! *Kali sulph.* has proved an excellent remedy for chronic gonorrhœal infection, purulent leucorrhœa, aching in pelvis, and rheumatic pains in the knees.

*Kreosote*³. — *Yellow leucorrhœa with great debility*; white leucorrhœa having the odor of green corn; *soreness, smarting, and burning between the labia* and thighs, with burning, biting pain; *violent itching* of the vagina and labia; external genitals sometimes swollen, hot, hard, and sore. Menstrual flow intermittent, usually copious, accompanied by difficult hearing, with roaring and humming in the head. Cervix tumefied with burning, sensitiveness to touch, or coitus and offensive discharges. Dragging in back relieved by motion.

! *Lycopodium*. — Patient looks pale and sallow; complains of pressive or full headaches; sleeps badly, and is always chilly; *feels full after eating*; “bloating” or distention of the abdomen from accumulation of gas; constipation with hard stools; *red sediment in the urine*. There seems to be a general sluggishness of the muscular, venous, and digestive systems, preventing the normal peristaltic action of the intestines; there are dryness and burning in the vagina, darting pains in the uterine region; coition is painful. The leucorrhœa may be like milk, bloody, or corroding.

II *Mercurius protoiodide*. (Keep it from the light. Do not use it in solution.) — Dr. Hughes states that *Mercurius cor.* is his favorite remedy for scrofulous subjects, with erosion of the os, and enlargement of the nabothian glands. It is especially valuable in cases of gonorrhœal or syphilitic origin, and severe erosions of an unhealthy

type; *profuse greenish, yellow, or purulent leucorrhœa, worse at night*; smarting, corroding, itching, and *inflammation of the vagina*. It is a superior remedy in hypertrophy of the uterus, or chronic metritis.

¶ *Pulsatilla* is one of the best remedies for *leucorrhœa with delayed or scanty menses*; the *leucorrhœa is thick, creamy, or milky, with swollen vulva, painless*; acrid, thin, burning; pressive pain toward the uterus, with morning nausea; involuntary micturition at night; frequent, profuse flow of urine; dyspepsia; constant chilliness; longing for fresh air; leucorrhœa after suppression of the menses.

¶ *Sepia*. — Enlarged uterus, from venous engorgement; prolapsus, with *much bearing down*; great dryness of vulva and vagina, which are painful to the touch; *leucorrhœa yellow, or like milk, excoriating* at the climacteric, and especially *before the menses*; flat, superficial erosions about the os; tendency to mucous catarrh everywhere; constipation and piles; a pale, sallow complexion, pimples or skin eruptions on the face and genitals; much general itching of the skin.

¶ *Sulphur*. — Is valuable for chronic uterine inflammation, and reduces venous engorgement by stimulating the portal circulation. The leucorrhœa is profuse, yellowish, and corrosive, burning in the vagina; the patient is melancholic, irritable, and peevish, complains of great *mental confusion*, vertigo, *weight on the head*, rush of blood to the head; no appetite, or excessive fulness and pressure in the stomach after eating; *constipation, or early morning diarrhœa*; copious and frequent urination at night; numb sensations in hands and feet; *burning of the soles of the feet at night*.

CHAPTER XIV.

INFLAMMATION OF THE UTERUS AND SURROUNDING TISSUES.

INFLAMMATION of the uterus (metritis) is often quite independent of inflammation surrounding it (pelvic peritonitis when the pelvic peritoneum is involved, pelvic cellulitis when the cellular tissue is affected; both forms are often mixed together). Ladies are, however, unable to differentiate these diseases for themselves, and so their domestic treatment must be alike. The symptoms of these diseases will be described, and the characteristic symptoms of each mentioned, though they are sometimes absent.

Either of these inflammations may be acute or chronic; the former stage being comparatively rare in a violent form, while the chronic stage often develops slowly and insidiously.

The most common causes of these inflammations are childbearing and lack of proper care afterward; laceration of the neck of the uterus during labor; childbed fever; chronic congestion of the pelvic organs from uterine displacement; the practice of incomplete sexual intercourse, or performing the act within three months after confinement; cold water injections to prevent conception; excessive indulgence of the sexual appetite; sudden suppression of the menstrual flow; and particularly frequent or badly treated miscarriages, or abortions.

Other less important causes might be mentioned, but enough has been said to show that most of them practically mean lack of ordinary care and unrestrained passion.

The symptoms commonly complained of are back-ache and bearing-down sensations in the pelvis; aching in the pelvic organs, sometimes worse on one side; sudden sharp pain in the vagina is sometimes felt. These symptoms are aggravated by walking; passing the urine or fæces is not infrequently painful; the woman feels dragged out and all her duties become burdens to her; headache in the nape of the neck, dyspeptic symptoms, and painful menstruation often follow; the marital relations become painful and intolerable, indeed they must be entirely discontinued to cure the case; leucorrhœa commonly attends chronic cases. Should the inflammation be very extensive the patient is obliged to limp about, and rest at night with the limb drawn up a little. Cases of acute inflammation of the tissues surrounding the uterus often begin with chills, high fever, much pelvic pain, sensitiveness, and sometimes vomiting; the region of the bladder is often so tender the touch of the hand or weight of the bedclothes cannot be endured. Under such circumstances a physician must be summoned without delay. Recovery is often slow, but relief begins as the fever goes down; should the fever keep up and continue unabated after the third day from the chill, and the pain in the pelvis assume a throbbing, pulsating character, an abscess in the pelvis is likely to form; this is most apt to occur in poorly nourished, scrofulous women.

The various forms of inflammation mentioned are

curable, but often require much time and considerable skill on the part of the physician.

When the symptoms are not very severe, a woman can often give herself much relief by the following local treatment and medicines :—

Hot bran or hop bags applied over the bladder often relieve the pain, and should be renewed as soon as they become cool; equal parts of turpentine and white of egg applied over the painful spots is another application which can be used to advantage; hot hamamelis compresses are preferred, by some women, to any of the external applications just mentioned.

Hot-water vaginal douches are to be relied on chiefly to diminish the inflammation and congestion; these should be used, six quarts at a time, at a temperature of 112° Fahr., night and morning, with a fountain syringe (see page 47). It is necessary to take them while lying on the back with the hips raised a little higher than the shoulders to help the blood flow from the pelvis up into the body; the tube from the bedpan which needs a firm support so it will not tilt up, can carry the water to a pail at the side of the bed and thus avoid running the water over in bed. An ordinary cleansing douche may be taken while sitting on the edge of the water-closet, but when the heat of the water is necessary for its therapeutic effect, the recumbent position becomes absolutely necessary. The action of the hot water is well illustrated by the shrivelled appearance of the fingers after working in hot water, as in doing the family washing.

It is not uncommon for a person to become a little faint who is not accustomed to taking such douches;

this need cause no alarm, and, as a rule, soon ceases. Hot douches generally are easily borne (cold vaginal douches are never safe to use), but occasionally when the ovaries are affected a hot vaginal douche will increase instead of relieving the symptoms. It is needless to remark that under such circumstances the douches are not to be taken.

After taking the douche just described, the patient can use to advantage one of the following vaginal injections : —

If there is much pain in the pelvis, aching in the right side more especially, much sensitiveness externally, bearing down in the pelvis and painful urination, add to a pint of warm water four tablespoonfuls of glycerine and one tablespoonful of *Belladonna* tincture; stir them together and use for a vaginal injection after each hot-water douche. If throbbing headache, dilated pupils, and a flushed face appear after this injection, only mix one half the quantity of *Belladonna* for the next injection. (*Belladonna* is poisonous when taken internally. The bottle containing it must be plainly marked "Poison" and kept separate, away from other medicines, to prevent any mistakes. It is safe if used as indicated above.)

If the case is not so acute in character, the pains dull, aching, and are chiefly in the groins, mix two tablespoonfuls of glycerine and an equal amount of hamamelis, and after each douche inject it slowly in the vagina with a piston syringe.

If the trouble is of long standing and there are dull pains in the pelvis with general prostration, use with one pint of warm water, four tablespoonfuls of glycerine

and two tablespoonfuls of the compound tincture of iodine; mix and inject it in the vagina after each douche. If no smarting is produced, a little more iodine should be added; if there is much smarting or burning, the amount of iodine should be reduced. Iodine must not be measured in metal, as it will quickly corrode and spoil it. An amount of water corresponding to the desired quantity of iodine can be measured in a glass, and a corresponding amount of iodine can be poured out in another glass till the eye perceives the quantity is the same. A few drops, more or less, is of no consequence. Instead of iodine, the addition to the glycerine of ichthol, enough for a ten per cent solution, has been highly praised.



FIG. 11. Southwick's Pastille.

The author's pastilles are very helpful and convenient in treating inflammatory disorders of the pelvic organs. They will cure a case more quickly than the above applications.

A mild current of electricity, as described in the chapter on uterine displacements, can often be used to advantage. Leucorrhœa attending these inflammations is described in the chapter on that subject.

The importance of rest in treating these various inflammations cannot be overestimated. Even though a patient may feel quite well, she must not presume on her strength. When a woman has once suffered from pelvic inflammation, she will be subject to attacks of it again from comparatively slight causes. As long as there are any symptoms of local inflammation, rest is essential, particularly at the menstrual period. A hammock is one of the most comfortable things for the

patient to lie in, as the sinking of the hips below the level of the shoulders and heels relaxes the abdominal muscles. Marital relations are a positive injury to the patient, and must not be practised. The sewing machine, walking, riding, or any exercise which aggravates the pain, is to be positively forbidden, and high-heeled shoes in particular.

Therapeutics.

Take the third preparation, unless otherwise mentioned, once in three hours.

! *Aconite*. — A valuable remedy in the stage of congestion (*Veratr. vir.*), especially when it results from cold; high fever; hot, dry skin; great thirst; much anxiety and restlessness. Vomiting is sometimes present, and cutting pains in the abdomen. It should be given in the lower potencies, in severe cases (1x or 2x) as often as once in fifteen or twenty minutes, till the fever begins to subside and perspiration commences. It is most useful at the time when the hot-water douche is indicated. Dr. Jousset recommends twenty to thirty drops of the mother tincture to be taken in twenty-four hours (*i. e.*, three to five drops once in four hours), for very acute and severe cases of pelvic peritonitis.

! *Apis*^{3x} trit. sometimes will stop suppuration. It is good for relapsing abscesses, and is one of the most useful remedies to stimulate the absorption of exudation. *Apis* is to effusion in the cellular tissue what *Bryonia* is to effusion of serum in the peritoneum. *Burning, stinging pain in region of the uterus or ovaries*, especially the right; great tenderness over the uterine region, with bearing-down pain; leucorrhœa and pain-

ful urination; menses diminished or suppressed; tendency to *dropsy*.

Arsenicum. — It is adapted to both acute and chronic cases; *burning*, throbbing, lancinating pains in the uterus; similar pains extending from the abdomen or ovaries, more especially the right, into the uterus, vagina, or thighs, which feel numb or lame, worse from motion or sitting bent over; leucorrhœa profuse, thick, yellowish, *corrosive*; *great restlessness*, *prostration*, *thirst*, but worse from drinking cold water; aggravation of symptoms about midnight, if the symptoms are of a typhoid type.

■ *Belladonna*. — Acute cases. Arterial congestion of the uterus; on vaginal examination there is marked pulsation in the pelvic organs, *a sensation of heat*, and *great sensitiveness*; there is much *bearing down*, back-ache, *throbbing headache*, face flushed, and even delirium; the discharge feels hot to the patient; menorrhagia, with profuse, hot, red flow; menses too early.

Calcarea carb. — Scrofulous diathesis, chronic cases after confinement; menses *too early*, too long, and too profuse; *milky leucorrhœa*; *profuse perspiration* from the least exertion, chiefly about the head; *feet feel cold and damp*; *acidity of the stomach*; the patient feels worse during and after coition.

Conium. — Tympany of the abdomen, especially at the menstrual epochs; severe pain in the abdomen, with chilliness; *violent cutting pains in the abdomen*; aching and bearing-down pain in the hypogastrium; leucorrhœa of white, acrid mucus, causing a burning sensation, and preceded by colic-like pains; frequent urination at night; burning or smarting in the urethra

during and after micturition; induration of uterus, ovaries, or breasts; *swelling and soreness of the mammae before the menses.*

¶ *Macrotin.*—The active resinous portion of cimicifuga (compare indications for cimicifuga, page 155), also called *actea racemosa*; cases of subacute pelvic peritonitis in rheumatic women, subject to pleurodynia, intercostal rheumatism, etc.; painful condition of the spinal muscles; if the patient is in an anxious, wakeful, nervous, irritable condition; takes no interest in anything; despondent, sleepless; suffers from pain and distress in the pelvis; and the menses are scanty or irregular, with increased nervousness at the time of their appearance; uterus engorged and sensitive; back-ache relieved from lying down.

¶ *Mercurius.*—It is particularly indicated by profuse greenish, yellow, or purulent leucorrhœa, worse at night; smarting, corroding, itching, and inflammation of the vagina; sensation of deeply seated soreness in the uterus, with dragging sensations; easy perspiration; very sensitive to draughts of air, chilliness, and general aggravation of the symptoms at night; beginning of pelvic abscess.

¶ *Sabina.*—Arterial congestion of the uterus; hemorrhage, rectal or vesical irritation, or both at the same time; *hemorrhage from the uterus, in paroxysms, worse from motion; blood dark and clotted, from loss of tone in the uterus, after abortion or parturition, with pain in back extending to pubis; menses too profuse, too early, and last too long.* Metritis after parturition, or abortion at about the third month; sexual desire almost insatiable. It is especially suitable to what might be termed subacute metritis.

II *Secale* is the great remedy for inflammation after miscarriage or childbirth, both for the ordinary cases characterized by an atonic condition of the uterus, and the severe ones where gangrene threatens, with a general adynamic condition of the system ; uterine hemorrhage, worse from the least motion ; discharge black, fluid, and very fetid. After an abortion the uterus does not contract ; thin, black, offensive discharge ; *suppressed discharges, followed by metritis ; extreme debility, prostration, and restlessness.* The lower dilutions of a *fresh* preparation are the best.

II *Sepia*. — *Venous congestion* of the uterus and pelvic tissues ; prolapsus uteri ; pain in the uterus, and such *severe bearing down* that the patient feels as if she must cross the limbs to prevent protrusion of the parts ; *leucorrhœa yellow, milky, excoriating, worse before the menses ;* itching eruptions on the skin ; yellow saddle of discoloration over the bridge of the nose ; excessive prostration, exhaustion, and faintness ; offensive, turbid, clay-colored urine, with reddish sediment.

I *Sulphur*. — An excellent authority recommends the use of this remedy intercurrently in different dilutions, during the treatment of chronic cases, no matter what other medicines are given. Should the well-known general symptoms of *Sulphur* be present in addition to the local ones, this would be all the more important ; *menses too late, too profuse, but of too short duration ;* blood thick, dark, sour-smelling, and excoriating ; profuse, yellowish, corrosive leucorrhœa ; burning in the vagina, and itching of the genitals.

Silicea. — Chronic pelvic abscess with fistulous opening and large amount of thin pus. Constant chilliness ;

fever, with violent heat in the head, worse at night; profuse sour or offensive perspiration at night; much weakness and prostration; great constipation, constant but ineffectual desire for stool; stool expelled with difficulty, or when partially expelled slips back; headache and nervous symptoms, which seem to depend on the loss of strength from suppuration.

| *Terebinthina*^{2x} is a remedy in which Dr. Ludlam has great confidence for puerperal and post-puerperal pelvic peritonitis. When there is great weakness and prostration, excessive distention of the abdomen, and a disposition to hemorrhage, which makes it useful in peritonitis, associated with pelvic hematocele. The violent drawing, burning pains in the region of the kidneys, and scanty and bloody or even suppressed urine, with distressing strangury, are excellent additional indications, should they be present.

Veratrum viride^{2x} has been warmly recommended for the acute stage of pelvic cellulitis or peritonitis in lying-in women, with symptoms similar to those calling for aconite. Great cerebral congestion; pupils dilated; face flushed; violent nausea and vomiting, with cold sweat; severe pain and soreness just above the pelvis; heart-beats loud and strong, with great arterial excitement, but the respirations are very slow. The doses must be frequently repeated till there is some amelioration of the symptoms.

CHAPTER XV.

INFLAMMATION AND NEURALGIA OF THE OVARIES.

INFLAMMATION of one or both ovaries (ovaritis) is not uncommon and may be associated with other diseases of the pelvic organs, usually of an inflammatory character. It occurs in both the acute and chronic forms, the latter being the more frequent. When the disease has lasted for a long time, the ovary is apt to become larger and harder ; the Graafian follicles and the ova become destroyed or injured to such an extent that ovulation cannot take place. This will cause permanent sterility or barrenness.

The following are the more common causes of inflammation of the ovaries : childbed fever, sudden suppression of the menses, as from wetting the feet during the flow, extension of inflammation from the uterus, the use of cold water or strong astringent vaginal injections to prevent conception or to suppress leucorrhœa, and abuse of the sexual functions. Lastly, a comparatively frequent cause, not the fault of the patient but of her physician, who applies nitrate of silver to the uterus for so-called ulcerations "to burn the ulcer out," a barbarous practice which has made many a woman an invalid.

The symptoms of ovaritis are often obscured by other conditions, and other diseases may cause symptoms like those of ovarian inflammation. Pain in the

ovarian region, *i. e.*, a little to one side or the other of the bladder near the groin, is quite common. This may be acute in character and extend up into the abdomen or down the thigh. With this severe pain the ovarian region is likely to be sensitive to the touch, and the patient is likely to lie on her back with the limb drawn up on the affected side. In cases of longer duration, the pain is of a dull aching character, aggravated by walking. The menses are often irregular, painful, and profuse. There may be pain during movements from the bowels, and the marital relations are so painful as to become unbearable. Nervous or hysterical manifestations are not uncommon. A peculiarity of all these symptoms is their aggravation at the menstrual period.

Many of these symptoms occur when the neck of the uterus is torn or diseased, so that they cannot be taken as absolute proof of ovaritis. A careful examination by a well-informed physician will be necessary to establish the diagnosis.

A cure is usually obtained if the ovaritis has not lasted too long. When it has been caused by the use of nitrate of silver, the disease is very hard to cure. There are four things of great importance to be observed in treating this affection : a generous diet of nutritious food to maintain a high standard of health, avoidance of all exercise which increases the pain, rest in bed during the menstrual period, and, most important of all, there must be no sexual indulgence or excitement. Chronic constipation should be removed if possible, as this increases the venous congestion of the pelvic organs.

The external use of a hot hop-bag, dry hot bran-bag, compresses of hamamelis mixed with an equal amount of water, wormwood and alcohol, or camphor and turpentine, equal parts if it does not burn too much, and the inunction of belladonna ointment will give temporary relief. They cannot be depended upon to cure the case. In *acute* cases, copious vaginal douches of hot water (six quarts, 112°), followed by a vaginal injection of half a pint of warm water, three tablespoonfuls of a strong extract of hamamelis (Pond's extract), and the same amount of pure glycerine, will often be very beneficial. It should be employed night and morning. The use of opium or morphine in any form is to be scrupulously avoided.

Therapeutics.

The medicines are to be used in the third decimal preparations, unless otherwise specified; a dose is to be taken every hour in acute cases till better, and the medicine should be used at least twenty-four hours before changing it, as immediate results may not be felt. In chronic cases a dose night and morning is sufficient.

Aconite has been considered a good remedy for puerperal ovaritis in alternation with *Arnica*, if there has been much bruising, as after long labors or operations. It is useful for *acute ovaritis with painful urging to urinate, high fever*, and when it follows sudden suppression of the menstrual flow; skin dry and burning hot; extreme thirst for cold water; redness of the face, sometimes changing to paleness; heat with thirst; hard, full, and frequent pulse; anxious impatience; unappeasable; beside herself; toss-

ing about with agony. Ovaritis from sudden and severe chill, or after fright or vexation ; fine stinging or burning pains with great restlessness. Some physicians alternate it with *Bryonia*. Generally speaking, *Aconite* is inferior to *Belladonna*, which has a more specific action on the ovaries, and should be used if *Aconite* does not soon relieve the pain and fever.

II *Apis*. — Either acute or chronic ovaritis, especially in the *right side*. The symptoms calling for it are : enlargement of the *right* ovary, with pain in the left side of the chest, and cough ; *burning, stinging pains in the ovaries*, worse at time of menses ; tenderness over the bladder ; urging to urinate ; ovaritis with suppression of the menses ; scanty and high-colored urine, burning when passing ; absent-mindedness, and extreme sleepiness.

Arsenicum. — *Burning*, tensive, stitching, pressive pains in the ovaries, especially the right, sometimes extending into the thigh, making it feel numb and lame, worse after midnight, from motion and from sitting bent ; corrosive leucorrhœa ; backache ; the pain is relieved by the application of heat ; the patient is very irritable, restless, and *very thirsty* for cold water, drinking often, but little at a time ; cold water lies like a stone in the stomach, or is immediately ejected ; *great prostration and restlessness*, especially of the lower limbs ; burning in the urethra while passing urine, which is scanty ; abdomen distended and painful ; violent burning pains with intolerable anguish.

II *Belladonna*. — The chief remedy for the treatment of acute ovaritis, and also useful for the chronic form ; but immediate results in the latter will not be obtained.

It is very valuable when the peritoneum is involved either with the puerperal state or independent of it. The symptoms appear suddenly with marked signs of local congestion; severe pain of a clutching, clawing, stabbing, or *throbbing* character in the ovarian region, especially the *right*, with great local sensitiveness; *cannot bear the least jar*; painful bearing down; high fever; thirst; *throbbing headache*; flushed face, and even delirium in *post-partum* cases; discharges feel hot to the patient; *great pressure downward in the genitals*; menses too early and too profuse; bright red or thick, decomposed dark red blood; *abdomen distended, painful, and very sensitive to touch*, with here and there pressive, cutting pains; very sensitive to noise and smell; *retention of urine, passing only drop by drop*; less often scanty, dark urine passed with difficulty; pains come and go suddenly, worse after three in the afternoon, and again after midnight. It is also useful for mild cases, worse during the menstrual periods.

Bryonia. — Ovaritis of *rheumatic* origin. It seems to be best suited to cases of moderate severity, with stitching pains, worse on coughing, inspiration, and motion; pain shooting or extending to the hips; obstinate constipation, stool large, hard, and dry, expelled with great effort; better from lying on the painful side.

Cantharis. — Patient cannot breathe freely on account of the stitching, pinching pains in the ovarian region; cutting, burning pains in the ovaries; bearing down in the genitals; *violent pains in the bladder, with frequent urging and great tenesmus*; excitement of the sexual instinct.

! *Colocynth*. — Ovaritis, pain more in the left rather than the right side, complicated with peritonitis, especially when it follows an abortion; numbness in the limbs; cramp-like or boring tensive *pain in the ovaries, causing the patient to double up*, with great restlessness; pain extends down the inner side of the thigh. There is much pain in the abdomen, and sometimes diarrhoea, and straining of the bladder to urinate, with scanty urine. The ovaritis calling for *Colocynth* is characterized by the severe colicky pains in the left ovary, relieved by pressure. The smell of cooking food causes nausea.

Conium. — Chronic ovaritis; induration and enlargement of the ovaries, with lancinating pains; *soreness and swelling of the breasts before the menses*; menses scanty or absent; leucorrhœa thick, milky, with labor-like pain, or of white acrid mucus, causing burning; offensive eructations, vomiting, sour rising, or violent pain in the stomach; severe itching deep in the vagina; much difficulty in voiding urine; it flows, then stops, then flows again.

! *Lachesis* has been used with much benefit for chronic enlargement with abscess or induration of the ovaries; it is also excellent for chronic or subacute ovaritis, complicated by metritis, especially if it occurs at the change of life; menses feeble and scanty, but regular; labor-like pains before or during the flow, especially in the left ovarian region, cutting uterine or ovarian pains like a knife thrust into the abdomen, relieved by flow of blood; copious greenish leucorrhœa which causes smarting; great sensitiveness of the region of the bladder; cannot bear tight clothing about

the waist, not that it causes pain, but it is exceedingly uncomfortable; beating in the anus as with little hammers; *Platina* follows *Lachesis* well.

Macrotin is preferred by some to *Cimicifuga* in ovarian disorder; ovaritis which seems to be due to a *metastasis of rheumatism*. The pains shoot up to the side; the hypogastrium is very sensitive to pressure, with a bearing-down sensation; the menses are *irregular, delayed, or suppressed; great nervousness or chorea at time of the menses; infra-mammary pains, worse on the left side.*

¶ *Mercurius*. — This is one of the most important remedies for ovaritis complicated with peritonitis, especially in the puerperal state, to avert the formation of an abscess. There is deep sore pain in the pelvis, dragging in the loins, sensation of weakness in the abdomen; or the abdomen may be *distended and painful*, with a bruised sensation, or cutting, stinging pains, worse at night; *frequent urging to urinate*; perspiration at night without relief; extreme sensitiveness to draughts of cold air; ovarian pains shoot or extend toward the hips; leucorrhœa *always worse at night*; itching, burning, smarting, corroding with rawness; great weariness and prostration; trembling of the muscles; pains worse at night, from the heat of the bed and during perspiration.

¶ *Platina*. — *Sexual desire excited*; ovaritis with burning pains in paroxysms; numbness in the limbs; *menses too early and profuse* (*Pulsatilla* the reverse), flow dark; leucorrhœa only in the daytime; hysteria and melancholia; painful sensitiveness over the uterus; pressing and bearing down in the abdomen extending into

pelvis. Chronic cases when there is reason to suspect induration of the ovaries. If *Platina* seems indicated, but mental symptoms do not correspond, and it fails to cure, Dr. Hering recommended *Palladium*. The latter seems to act best on ovarian affections of the right side.

Plumbum acet.^{6x}.—Violent vomiting with each menstruation, with abdominal colic centring at the umbilicus, and pains all over as if bruised. It cured a case after two years of suffering following a fall from a carriage. A well-known surgeon had advised removal of the right ovary in this case.

Sepia is a good remedy for chronic ovaritis, but the indications for it are scanty, and pertain to uterine rather than ovarian disease; dull, heavy pains in the ovaries with pain in the uterus, and sensation of *much bearing down* in all the pelvic organs; *yellow, milky, excoriating leucorrhœa, worse before the menses*; urging to urinate, with turbid, clay-colored, or reddish sediment; constipation, and sense of *goneness or emptiness in the stomach* and abdomen.

! *Thuja* is of great value for left-sided ovaritis, worse at each menstrual epoch; distressing pain, burning when walking or riding, obliging the patient to lie down; puffing of the abdomen in places here and there. It is also good for chronic ovaritis, with a suspicion of venereal taint. There is a tendency to the formation of seedy pediculated warts on the skin, persistent sleeplessness, morning diarrhœa, and severe headache.

Ovarian Neuralgia.

Ovarian neuralgia, *i. e.*, neuralgia of the ovaries, is a very painful affection, and, as a rule, is symptomatic

of some other condition. The more common causes are a poor state of health, especially in a woman subject to neuralgia, rheumatism, or hysteria; uterine displacement; laceration of the uterus; excessive or incomplete sexual intercourse, and an ungratified sexual appetite.

The pain is severe, comes on suddenly without chills or fever, and without any warning. It varies in intensity and locality in different women; not infrequently comes and goes, and gradually passes away; it is usually in one ovary, extending down the thigh, fixed in one spot, or radiating from it up into the abdomen. It is of an intense, lancinating, or cramp-like character, and not infrequently attended with vomiting, fainting, hysterical spasms, and doubling-up of the body on the affected side, which is exceedingly sensitive to the slightest touch.

No one ever dies as the direct result of ovarian neuralgia. On the other hand, it is a difficult affection to cure, unless the exciting cause can be removed.

GENERAL TREATMENT. — The first object is to build the patient up to the maximum of health. Outdoor air, exercise, good food and plenty of it, pleasant surroundings, mental rest, freedom from care, and regulation of sexual matters, are all important. Marriage and childbearing are often beneficial. It is hardly necessary to say that the cause must be carefully sought out, and removed if possible. Flannel underwear should be worn; and, in addition, a pad of uncarded wool, basted to the underclothing over the hypogastrium, will act as a preventive in protecting that region from cold. Closed drawers are better than open ones for the same

reason ; and the feet must be kept warm and dry by thick shoes and stockings.

At the time of the attack, heat in the shape of hot flannels, or of a hot hop or bran bag, may palliate the pain. Counter irritation in the form of a mild mustard plaster, or camphor and turpentine, or equal parts of turpentine and the white of egg, applied over the seat of pain, sometimes relieves. Besides this, a vaginal injection can be used, of hot water, glycerine, and the watery extract of hamamelis, in equal parts ; or, instead of the latter, the strong tincture of *Aconite*, preferably the *Aconitum uncinatum*, in the proportion of about ten per cent. Some prefer to apply the *Aconite*, either alone or mixed with an equal quantity of chloroform, on the skin over the site of pain. If the rectum be loaded with fecal matter, no time should be lost in giving an enema of very warm water, and removing a possible cause of pain.

MEDICAL TREATMENT. — In the intervals between the attacks, constitutional remedies are necessary to dispel the tendency to recurrence. It is of little use to give them, unless the physician's directions be strictly and perseveringly observed. Chronic cases may require months of faithful treatment.

Therapeutics.

Use the third decimal preparation, unless otherwise specified, a dose every twenty minutes if the pain is very severe ; otherwise, take the medicine once in one or two hours, according to the severity of the case, and always take it less often when improvement has commenced. In chronic cases the remedy should be taken night and

morning between the attacks of pain. (Compare the remedies for ovaritis.)

Arsenicum. — *Violent burning pain in the abdomen, with great anguish, rolling and tossing about; abdomen distended and painful; drawing, stitching, burning, or tensive pain in the ovaries, the right rather than the left.* (See page 171.)

! *Atropine* (the active principle of *Belladonna*). — The same symptoms as those which would call for *Belladonna*; intense clawing, clutching pain in the uterine region, with great sensitiveness to touch, and bearing-down sensations; face flushed, pupils dilated, sometimes delirious. (See page 171.)

! *Colocynth*. — Intense pain in the inguinal region; boring, tensive pain in the ovary, more especially the left one; patient is doubled up with pain, and seeks relief by pressing the abdomen against something hard, as a table, chair, or bedpost; pain may concentrate in the pit of the stomach, with eructations, nausea, or vomiting. Attacks caused by vexation, or eating potatoes. (See page 173.)

Macrotin. — A good remedy when the attack seems due to a metastasis of rheumatism in nervous women at the climacteric. The patient is irritable, melancholic, and subject to infra-mammary pains in the left side. (See page 174.)

Magnesium phos. — Severe, darting, lightning-like pains in the ovarian regions, without fever or inflammatory symptoms.

Naja has proved very serviceable for violent, cramp-like pain in the region of the left ovary, with violent palpitation of the heart. Dr. Hughes states that "it

has become my own favorite medicine for obscure ovarian pain, not frankly inflammatory."

Xanthoxylon. — Violent, agonizing pains in the loins and lower part of the abdomen, and especially in the left side, which *extend through the internal abdominal ring, and down on the inner anterior surface of the thigh*. The writer knows of one case, characterized by these symptoms, which was promptly cured by this remedy. Her agony was so great that she could hardly be held on the bed, making it necessary to keep her partially under the influence of ether for some hours, till this remedy was given with remarkable effect.

II *Valerianate of Zinc*. — *Chronic ovaralgia in hysterical women*. It is also useful as a constitutional remedy to break up the tendency to the attacks. Useful as this remedy is for various kinds of neuralgias, the indications for it have not yet been precisely defined.

CHAPTER XVI.

TUMORS OF THE GENERATIVE ORGANS.

A TUMOR means any growth or bunch of tissue differing from the ordinary and natural anatomical structures. It may be smaller than a pea, or be larger than an ordinary sized pail, and of course may be of much or of no importance.

All tumors are divided into two great classes : those which do not return when removed, and do not in themselves destroy the life of the patient ; and those which act in exactly the contrary manner, and come under the common name of cancer, which includes several varieties. This last class is called malignant, and will be treated of by itself in the next chapter, on "Cancer." In this chapter only the first class, called benign tumors, will be mentioned. These, it is to be remembered, do not return when removed, and, except by secondary effects, never cause death.

They may be classified as follows : —

Tumors connected with the uterus.	{	Myomas, often called incorrectly fibroid tumors.
		Polypii, which project into the cervical canal.
		Inflammation of the lining membrane of the uterus, with little wart-like growths on it.

Tumors outside of the uterus.	{	Ovarian tumors, Cysts of the broad ligament.
		Enlargement of the Fallopian tubes from salpingitis.

I need hardly emphasize the necessity of consulting a physician without any delay when there is reason to believe a tumor is present.

The great characteristic symptom of tumors of the uterus, with the exception of myomas on the outside of the uterus (subperitoneal), is that they all produce profuse flowing. The loss of blood is most marked with submucous myomas. The latter may consist merely in prolonged and profuse menstruation, or there may be in addition flowing from slight causes between the periods. This may come in gushes, without any warning. I well remember a patient to whom I was called, who for two years did not dare leave her house, and seldom went downstairs on account of profuse flowing in gushes without any warning. I ascertained by a simple examination that she had quite a large tumor in the cavity of the uterus. I removed it without any difficulty. She had no pain afterward, no return of the hemorrhage, and is in fact a well woman. This case is only one of many I might mention.

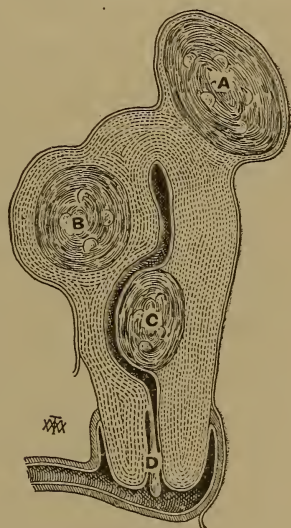


FIG. 12
Illustration of forms of uterine myomas:

- A.—Subperitoneal myoma.
- B.—Interstitial myoma.
- C.—Submucous myoma.
- D.—Polypus in the cervical canal.

Myomas (fibroids) most commonly develop at the change of life, and may be present without any enlargement of the abdomen. They may weaken a patient and make her miserable from the flowing ; but if the change of life is once past, they almost always cease to grow, and often shrink up or even disappear. The object of treatment then, particularly for large myomas, is to help the patient along and check the hemorrhage till it returns no more ; *i. e.*, till after the change of life. I have been able to succeed in doing this in nearly all cases. Another very characteristic symptom of large fibroid tumors is that they are exceedingly hard, and when felt through the abdominal wall it is like touching a stone.

A distinguished French physician has had great success in treating these tumors by electricity. Encouraged by the wonderful results he reports, I procured the apparatus for the purpose, and have used it with good results. But electricity cannot be used for all cases ; it requires great care and experience to use it in treating tumors, or harm instead of good will follow. The method is as yet too little tested to write with authority on the subject. It is enough to say, however, that remarkable results appear to have been achieved.

Large tumors cause much discomfort from pressure on the blood-vessels and intestines ; bloating in the abdomen, constipation, dyspepsia, and backache are common symptoms ; while they are no doubt very uncomfortable, they do not threaten the otherwise good health of the patient. This is important to remember, so that a woman need not worry in the least about herself. Should an operation become necessary, which

is very seldom, it is of the greatest importance to have a first-class gynecologist who has made a special study of such operations. Under these circumstances it is much safer to go through the operation than many of the diseases people have without thinking much about it; eighty-five persons out of a hundred should recover. The time necessary to remain in bed varies from three to five weeks.

Many theories have been advanced to account for myomas (fibroid tumors). We know they are common in women of the African race, much more so than in the white race. Formerly it was thought that unmarried women were more subject to them than the married, but more careful compilation of statistics shows the contrary. We are not yet in a position to affirm the precise causes of these tumors.

The treatment of such growth should be left to the attending physician. In case of flowing, the same rules are to be observed, and the same remedies are to be taken, as for profuse menstruation. (See page 107.) There is very little to be gained by any vaginal injection or external application. Some physicians think they have seen much benefit from myro-petroleum spread on linen and worn as a large plaster on the abdomen over the tumor for some months; if this plaster causes much irritation and soreness of the skin, it can be temporarily discontinued for a few days.

The reader is referred to the chapter on "Menorrhagia and Metrorrhagia," page 106, for the use of remedies besides those mentioned here, which may apply a little more strictly to the treatment of myomas. In case of flowing, the remedy should be taken every

hour in the third decimal preparation, and, unless otherwise stated, take the remedy before each meal.

Therapeutics.

I *Aurum natronatum muriaticum*^{3x}.—Cured one large fibroid tumor in one of my patients. Not much is known positively of the remedy. It seems best adapted to patients complaining of sticking, sharp pains in various parts of the body, and those who are very despondent and have suicidal tendencies.

II *Calcareo iodide*.—*Patients having a scrofulous diathesis; menses too early, too long, and too profuse; milky leucorrhœa, with itching and burning; acidity of the stomach; profuse perspiration in the morning, and on slight exertion.* It must be prepared fresh, and kept in a blue glass bottle, out of the light. The writer has had two cases in which *Calcareo carb.*, 3x trit., seemed to diminish the size of the tumor to a marked degree. One was about the size of a cocoanut, in the left side of the pelvis, and seemed to partake of the characteristics of both a myoma and ovarian tumor, though the symptoms pointed to the former rather than the latter. The second one was a distinct subperitoneal myoma, about the size of a man's fist, on the anterior wall of the uterus. In less than two years the growth had so decreased in size it could hardly be found by the most careful examination.

I *Ferrum*.—*Anæmia from loss of blood; stinging headache and ringing in the ears before the menses; flow too profuse, passive, and dark, accompanied by labor-like pains in the abdomen, and a glowing, red face, which is pale at times.*

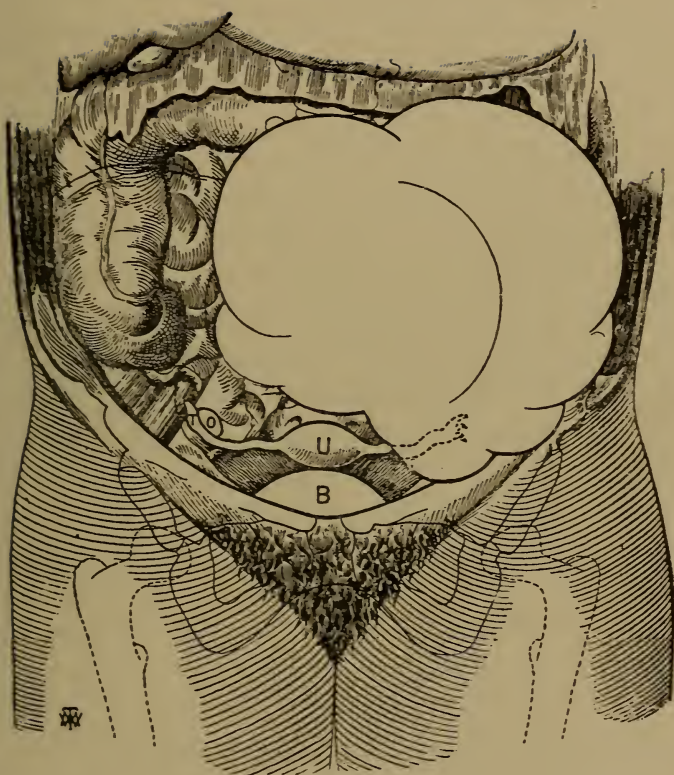


PLATE IX.
Ovarian tumor in the left side of the pelvis.

Platina. — *Menses too early and too profuse*; flow dark and clotted, with much bearing down and pinching pains in the abdomen; nymphomania; painful sensitiveness, and constant pressure in the hypogastric region; the body feels cold, excepting the face.

Sabina. — *Menses too early, too profuse, and last too long*; hemorrhage from the uterus in paroxysms; worse from motion; blood dark and clotted, and sometimes offensive; with pain from back to pubis.

|| *Secale.* — This should be freshly prepared, and will be found to act best in the tincture or lower dilutions. *Menses too profuse, and last too long*; uterine hemorrhage, worse from least motion; discharge thin and black; black, lumpy, or brown fluid, and very fetid; pains in the uterus of an expulsive character.

| *Trilline.* — Metrorrhagia, especially at the climacteric; flow returns every two weeks; it may be bright or dark, oozing away slowly but persistently, and is accompanied by pain in the back, and cold limbs. Dr. Ludlam speaks highly of this remedy for the hemorrhages resulting from myomas, and thinks it most useful in those cases where the muscular fibres of the uterus have been decidedly developed by pregnancy or otherwise.

Oil of Erigeron, two drops in a dessert-spoonful of water every half-hour, is often an efficient remedy for bright red, profuse flow of blood, worse on any motion, with irritation of the bladder and rectum.

Ovarian Tumors.

There is but one way of treating ovarian tumors (Plate IX.), and that is by removal. If the operation

is properly performed, the tumor will never return ; if left to itself, it will gradually grow till it destroys the life of the patient. The average duration of life with an ovarian tumor is three years ; if removed, all danger to life in consequence of the tumor is likewise removed ; the risk of life from the operation is very little, less than is common from measles or whooping-cough. Ninety-six persons out of a hundred should recover in the hands of expert gynecologists, and none but skilful operators should attempt the operation. I have removed them successfully at very different periods in life, nor does the difficulty of the operation depend on the age of the patient ; some of my best cases and largest tumors have been of persons over fifty and sixty years of age. My most serious case was in a young woman of thirty, with an immense ovarian tumor on each side, both of which were removed at the same time. She finally made a good recovery, and went home a well woman four weeks after the operation.

The same treatment is necessary for tumors of the Fallopian tubes and broad ligaments.

Salpingitis.

Removal of the Fallopian tubes is necessary when they become distended with matter (pus), forming what is known as suppurating salpingitis (Plate X.). It is a chronic abscess which seldom heals, causes almost constant confinement in bed, and is liable to break into the peritoneal cavity and cause certain death. It is a disease not generally understood, and is often called by mistake pelvic inflammation or cellulitis. Its most prominent symptoms are pain in the pelvis, aching,



PLATE X.

Salpingitis involving the right Fallopian tube and ovary.
(Compare Plate I., page 25.)

throbbing, more in the groins than over the bladder. The pains are worse from exercise, and aggravated by sexual congress. Pain along the spine and headache in the back of the head are common. The woman may improve for a time and be comfortable, and without any sufficient reason becomes suddenly ill with acute pain in the pelvis. This disease is difficult to diagnose without a careful examination by a specialist giving ether. A woman will seldom recover from it without the right treatment, but her invalidism will increase. The most common causes are gonorrhœa, and childbed fever. The only remedies which will do any good are those recommended for metritis and ovaritis, and are to be taken in the same way.

CHAPTER XVII.

CANCER OR MALIGNANT DISEASE OF THE SEXUAL ORGANS.

THERE is probably no disease more dreadful to contemplate than that now under consideration. The mere suggestion of its possibility strikes terror to the heart of a woman, who will endure anything, pay everything, to escape such a fate. Unfortunately, there are charlatans and quacks everywhere at hand, too often in the guise of "doctor," who take advantage of the fact to call many things cancer which are perfectly harmless, and of course succeed in curing them, to the benefit of purse and reputation.

It is a very common occurrence for women to consult me, who have been seen by such unprincipled and often ignorant individuals, and been told they had a "cancer humor," or a cancer, when perhaps the so-called cancer was only a wart or equally simple growth, while a "cancer humor" does not exist. Many of these patients have been practically well women, who did not need treatment of any kind. Let me warn my reader most earnestly against alluring advertisements, free consultation, and pay-in-advance "doctors" (?).

There are several varieties of malignant disease known to physicians which need not be mentioned here. Such cases must always be under the physician's care. It is important, however, to know under what circum-

COLORED PLATE III.

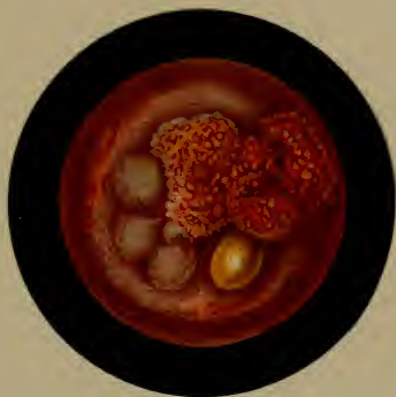


Fig. 1.

Epithelioma or cancer of the cervix uteri at an early stage of development. The black ring represents the vagina. (Heitzman.)

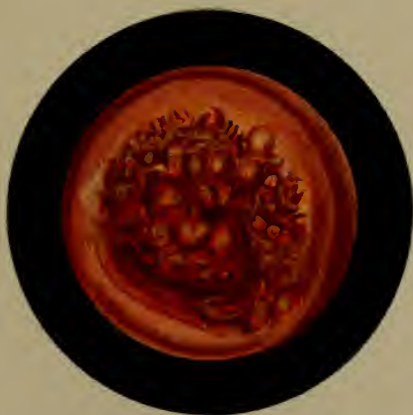


Fig. 2

Hard cancer of the uterus with commencing ulceration. The black ring represents the vagina. (Heitzman.)

stances a physician must be consulted without delay, and prompt measures be adopted if anything is to be gained by treatment. Nothing is more foolish than to delay seeing your physician till it is too late to obtain relief, because you fear to know what he will say. Nine tenths of the women who think they have cancers have none.

The following rule is of great importance. Whenever a woman suffers from a thin, watery leucorrhœa (whites), which causes some irritation and smarting, and is perhaps a little offensive or a little bloody, she should consult a physician and have a thorough examination without delay. This is all the more important if she is near the change of life, and has had children, or ulceration or laceration of the womb. This last is a common cause of cancer when not properly treated or operated upon.

This peculiar form of leucorrhœa generally is the first indication of cancer of the womb, and after a few weeks the patient flows profusely, both at and between the monthlies. The discharge is of a brownish red color, or like meat juice, and commonly offensive. Pain is seldom felt till late in the disease, and a woman may feel too well to call in a physician when she is already beyond help. The peculiar symptoms mentioned do not invariably mean that a cancer is growing, but they are of serious importance, and there must be no delay in seeing a skilful physician.

The accompanying colored illustrations show just how a cancer of the womb appears through the speculum in the commencement of the disease, and are carefully painted from nature. The following illustra-

tion (colored Plate III.) shows how it spreads up in the uterus and fills the upper part of the vagina, similar to a small head of cauliflower. A patient having this disease must never examine herself, as the growth bleeds very easily, and she might cause a severe hemorrhage. The average duration of life with cancer is eighteen months, if nothing is done for it. Treatment often prolongs life, but the question of cure is uncertain and very improbable. There is reason to believe, from the best of authority and the most careful examination, that cases of cancer in other parts of the body are occasionally cured, especially by internal medicine. We should, therefore, not abandon the hope that some day the medical profession will treat and cure this dreadful disease with much more success than at the present time.

It is manifestly out of place to treat of the various surgical measures and their respective value in these cases. That is a matter for the special surgeon to determine, and will depend on many circumstances and possibilities of the case.

The odor of the vaginal discharges is sometimes quite offensive. A very careful use of four quarts, two or three times a day, of one part to a thousand solution of thymol for a vaginal douche, is an excellent and perfectly safe disinfectant. A table-spoonful of the aqueous fluid extract of eucalyptus to a quart of water is another good disinfectant, which is very healing and soothing to parts which are sore. It is a good plan to keep ready a saturated solution of alum for a vaginal injection, in case of sudden hemorrhage, and it becomes necessary to do something before the doctor can arrive.

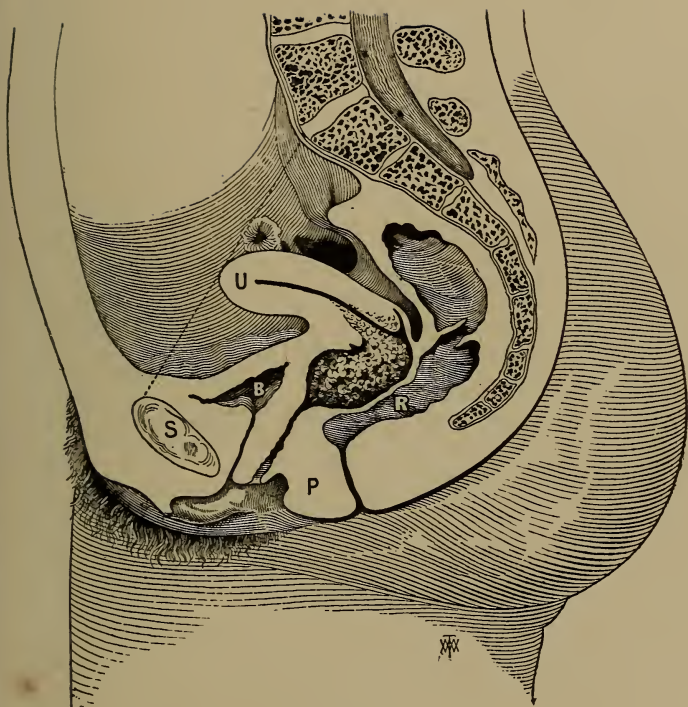


PLATE XI.

Side view of cancer of the uterus at a later period of development.

There is one important precaution to observe in using the douche. Always use a fountain syringe, and do not hang the bag high up. Take off the metal or hard rubber nozzle and use the end of the soft rubber tube, or else draw a piece of rubber tubing over the nozzle and allow the end of the tubing to project two inches beyond it. The end should be very gently introduced into the vagina, and not be crowded very high up on account of the danger of causing hemorrhage. The use of opium and morphine should be avoided as long as possible.

Since the patient must be in the care of a physician, it would be quite out of place for me to mention the use of remedies.

PART SECOND.

A DOMESTIC HANDBOOK

OF

MIDWIFERY

WITH SUPPLEMENTARY CHAPTERS.

DOMESTIC HANDBOOK OF MIDWIFERY.

CHAPTER I.

CONCEPTION.—SIGNS OF PREGNANCY.

By conception we mean the union of the male and the female element, the product of which is the commencement of the life of a new being. Life is always present from the beginning, just as there is life in a seed, which may be freshly planted, though for a time no buds or leaves appear. The question is often asked, when is life present? Life is essential to growth; if life be not present, then the product of conception is always dead, will cease to grow, and be discharged from the uterus.

The male and female elements have been mentioned. Those of the male are known as spermatozoa; those of the female as ova.

The spermatozoa of the male are contained in the fluid (semen, meaning seed) ejaculated in a mass at the completion of the act of copulation. The cells (spermatozoa) are in constant motion, and progress at the rate of about three quarters of an inch an hour. Under favorable surroundings these cells may live for three or four days, or even longer. An acid fluid will destroy them, and this is one reason why women suffering from an acid leucorrhœa are apt to be sterile.

When these cells are deposited in the vagina (or even at the external orifice) at the completion of the sexual act, they ascend into the uterine cavity, enter the Fallopian tubes, and there meet the female element,

which is absolutely and invariably necessary for conception to take place. Quantity or number of either element is not to be considered further than that two cells, a single cell of each kind, united or fused into one is quite sufficient for conception. Conception takes place from the moment this fusion occurs, though the product of this fusion, the germ of the future human being, is less than one hundred and twentieth of an inch in diameter, far too minute to be seen by the unaided eye.

The female element, the ovum, is single, unlike the thousands of spermatozoa in a single discharge of the male fluid (semen), and escapes from the ovary only once a month. This process is called ovulation, and usually takes place from the ovary on one side one month, and from the ovary on the opposite side the next month. Some ladies observe the soreness of the menstrual periods alternating from one side to the other in successive months. Though not positively proven, it is generally believed that ovulation takes place at the same time as menstruation, and correspondingly an ovum is discharged into the Fallopian tube at this time ready to be fertilized and impregnated by the male element before it is discharged from the uterus, which is about fourteen days after it leaves the ovary.

The ovum is in structure like a hen's egg without the shell, but it is very minute. Its duration of life is about fourteen days, though it may perish at any time. It is a matter of common observation that pregnancy (*i. e.*, conception) is more frequent in proportion to the nearness of copulation to the close of menstruation, and that during the period from fourteen days

after the menses have ceased to three days before the next period, pregnancy rarely follows the sexual act. The reason is obvious; there is scarcely ever an ovum to be fertilized. Self-conception is an utter impossibility.

The writer does not wish to be understood that ovulation takes place only at the time of the menstrual flow. It is the rule, however, with a few exceptions, such as conception in nursing women in whom the menstrual flow has not reappeared, and conception in girls who have not menstruated. Ovulation, in exceptional cases, may be delayed till after the monthly flow or anticipate them.

Another essential factor for conception is that the elements of the male and female must belong to the same species; for instance, the elements of a sheep and dog, a horse and camel, etc., will never unite and grow under any circumstances. An apparent exception to this rule is the union of elements between a horse and a donkey, which leads to the development of a mule. The latter animals, however, are, with rare exceptions, unable to reproduce their kind.

The author trusts that his reader's sense of delicacy and propriety has not been offended by the above remarks. It is necessary to speak plainly to avoid misapprehension, and he has known of much mental suffering and misery in consequence of not understanding nature's laws and the growth of our being.

Menstruation commonly ceases after conception, and seldom returns till three or more months after the child is born. The recurrence of the periods is delayed by nursing, and *vice versa*. This fact is made use of in

fixing the date of delivery, or the birth of the child. The duration of pregnancy is two hundred and eighty days. In rare cases the period may be prolonged to three hundred and two days. Beyond this last time the courts of most European countries will not allow a claim of legitimacy.

The common rule for estimating the date of delivery is to take the first day of the last regular and ordinary menstruation, count nine months ahead, or three months backward, and add seven days. The latter will be the probable day on which the child will be born. Women pregnant for the first time are often delivered a few days before this date.

It occasionally happens that this rule cannot be used, as when conception occurs during nursing an infant and before the menses have reappeared, also when the menstrual flow has not ceased with the beginning of pregnancy. The latter is an exception to the rule, but in these instances the time of delivery can be estimated with considerable certainty in the following way : Notice when the first movements of the child in the womb are distinctly felt, and then count twenty-two weeks forward from this time. This will be very near the time of delivery, too early rather than too late, and should correspond with what would ordinarily be the tenth menstrual period from the supposed time of conception. In a general way an idea of the length of pregnancy can be estimated by the size of the uterus pressing on the abdomen as follows : —

End of the Fourth Month.—Very slight protrusion of the lower portion of the abdomen corresponding to the bladder.

End of the Fifth Month.—Top of uterus is half-way up to the navel, which is somewhat flattened.

End of the Sixth Month.—Top of the uterus is just above the navel, which now protrudes a little.

End of the Seventh Month.—Top of the uterus is half-way between the navel and breastbone.

End of the Eighth Month.—Top of the uterus is up to the breastbone, pressing against the lungs and causing some difficulty in breathing.

End of the Ninth Month.—Top of the uterus sinks down and is about at the same height as at the end of the seventh month, but there is more protrusion of the abdomen. Breathing is more free. There is increased pressure on the bladder, and commonly considerable mucous discharge from the vagina. A day or two before labor the child is often very quiet.

The Signs of Pregnancy.

The signs of pregnancy are numerous, and nearly all of them are only signs and do not in themselves singly afford positive proof of pregnancy. It is rather the association of these signs together which indicates with almost certainty the true state of affairs.

The first and most common symptom of conception is the cessation of the menses, particularly if this has occurred in a woman accustomed to menstruate regularly and who remains comparatively well. Wetting the feet during the period or other similar causes may also produce cessation of the flow ; but under these circumstances the health is commonly affected, the patient suffers from pain in or about the pelvis, her head

aches severely and is apt to throb, nosebleeding is not uncommon.

If conception occurs just before the period, the flow will appear much the same as under ordinary circumstances, but in diminished amount. In a very few instances I have known slight flowing to occur for the first three or four months of pregnancy, and in one case throughout pregnancy; but such instances only form rare exceptions to the rule.

Increased frequency of passing water and of leucorrhœal discharges are not uncommon among the early symptoms. Morning nausea and sickness at the stomach may be an early sign of pregnancy, but it occurs most frequently from the end of the second month to the middle of the fifth month, after which it usually ceases.

The breasts begin to swell in the third month, and soon after a drop or two of watery fluid can be squeezed from the nipple. In women pregnant for the first time this is an important sign of pregnancy. Milk in the breasts in small quantities has been known to occur from the presence of ovarian tumors, and instances are recorded where the male member of the family has nursed the infant, and also where the child has drawn its nourishment from some female member of the family who was not and had not been pregnant for some years. While these last instances are enough to prove that milk in the breasts is not an absolutely certain sign of pregnancy, the exceptions are so rare that it constitutes a valuable sign taken in connection with the other symptoms mentioned.

About the fifth month of pregnancy signs of much

importance appear, especially in brunettes, in whom these signs are more marked than in blondes. The skin around the nipple becomes very much darker from a deposit of pigment, and the hair follicles stand out like the fine pimples of goose flesh. Around the dark circle of skin are seen little spots like drops of water dried on the skin and water-marking it.

At about four months, *i. e.*, from the sixteenth to the eighteenth week, the movements of the child are first felt. In exceptional cases I have reason to believe motion was felt as early as the twelfth week of pregnancy. At first these movements are like wind moving in the bowels, and have also been very aptly compared to the quiver of a frightened bird in the hand. The important point to remember is the persistency and gradually greater distinctness of the sensation if it is motion of the child.

From this time there can be little doubt of the positive existence of pregnancy. The physician can now hear the sounds of the fetal heart with the stethoscope, which is positive evidence of pregnancy. If a child be born before the seventh month of pregnancy, it will almost surely die; after the seventh month it is the more likely to live the nearer it is to the full period of pregnancy. The common impression that a premature child born at seven months is more likely to live than one at eight months is wholly false.

In the latter part of the ninth month of pregnancy, the exact position of the child can be readily felt through the abdominal wall, and most physicians trained in the modern methods of obstetrics are in the habit of making a careful examination of the case. If the

child occupies a bad position, as a cross-birth, it almost always can be turned by external manipulations into a simple position for labor and kept there by a binder. The physician, being fully aware of the nature of the case and the difficulties, if any, likely to be encountered, can be prepared much better to care for his patient and to avoid danger than if the examination be not made.

The term "false conception" is often used in reference to cases of pregnancy in which the embryo dies and is finally expelled from the uterus either in a withered form or having the appearance of dark red, crumbly flesh, or in bunches of vesicles or bladders, similar in arrangement to a bunch of grapes.

CHAPTER II.

HYGIENE OF PREGNANCY.

PREGNANCY at best is accompanied with much discomfort, and sometimes with real suffering. Much relief can be obtained by following the directions given in this chapter, and both mother and child will be the better for observing them.

Perhaps there is no disturbance of the system more common than that of nausea and vomiting. The treatment of this disorder of the stomach will be considered in the chapter on the "Diseases of Pregnancy." The symptoms or sensations experienced are very similar to those of the various forms of dyspepsia, and, like the latter, can be very much alleviated by a diet suitable to ordinary disorders of the stomach. A proper diet also will be useful to maintain good health of the mother and to promote the development of vigorous, healthy offspring.

It is not uncommon to find persons who are unable to digest common articles of food. I have one patient with whom oranges always disagree, and another one who can eat the indigestible banana after severe sick headaches and vomiting, when nothing else is tolerated by the stomach. Other people cannot eat eggs, etc., and so the list might easily be made a long one. The fact to remember is that in giving rules for all persons to follow, only rules for the great majority can be given. Each woman is a law to herself, and individual

idiosyncrasies must form exceptions to the rules. No one is to eat an article of food recommended, when they know by ample experience that it will disagree, or *vice versa*.

The following articles, with exceedingly rare exceptions, the pregnant woman must never eat : fat food, anything fried, melted butter, hot buttered toast, highly seasoned food, as mince pie, rich pie-crust, pastry, much pepper or salt, strong tea or coffee, chocolate, much sugar or confectionery, hot biscuit or fresh bread, rich preserves or cake, pork, veal, stews, hashes, gravies, made dishes, rich desserts, cheese, radishes, horse-radish, raw cabbage, and clams. Brown bread and beans, and Indian meal in any form, unless thoroughly well cooked, are less important, but ought to be discarded. The list may seem a long one, but I wish to state emphatically that not an article is mentioned but that will prove harmful to nearly every pregnant woman. The fact that the stomach is causing no trouble, is no excuse for eating them. The proneness of the stomach to disorder makes it all the more important to keep it as healthy as possible, and neither to irritate nor to overload it.

A selection of food can be made from the following list, which usually proves digestible, and will provide a good quality of nourishment for both mother and child : mutton, chicken, or oyster broth ; raw oysters, white-fish if it usually agrees ; beef, mutton, fowl, game, eggs, a very moderate amount of fresh butter, never mixed or eaten on hot food or melted ; sweetbreads. Sometimes a bit of well-toasted salt codfish or a very thin slice of bacon broiled quite brown will help the

patient to relish the other articles of food. Ham can be eaten, but is liable to disagree; fried eggs are also likely to prove indigestible, on account of the fat. Some patients like sweetbread (pancreas of a calf) which makes a change from the ordinary fare. Good wheat bread, never fresh nor hot, oat meal, wheat germ, corn meal, which must not be eaten unless thoroughly scalded and cooked a long time, rice, and Irish or sea moss as used for *blanc-mange*, form less important articles of diet. Dry, mealy baked potatoes (sweet potatoes are usually too hard to digest), spinach, macaroni, greens, cresses, green peas, lettuce, asparagus, oranges, grapes, stewed fruit (but not preserves), ripe peaches, baked apples, and ripe berries in their season. If there is any tendency to diarrhœa, fruit must not be eaten. If the contrary, and the common condition of constipation be present, eating freely of ripe fruit will tend to relieve it.

A hearty meat and vegetable diet is necessary for mother and child. The mother must be kept as healthy as possible, as she has to meet not only the demands of her own system for nourishment, but also those of the developing fetus. It must follow that any lack of nutrition is at the expense of one if not both individuals, and may cause serious injury. There is no theory more fallacious than that if a strictly vegetable diet be observed, the child's bones will be softer, labor easy, with no harm to either parent or infant. There is reason to believe that the child may take the necessary lime salts for its bony growth from the mother's system, if it is not provided in the food, so that diet does not in itself prevent the growth of bone substance. Furthermore, such a vegetable diet tends to the development of

rachitis in the infant, a serious disease which often ends in permanent deformity.

The maternal blood at the end of pregnancy, even in the best of circumstances, tends to become watery and needs a good healthy supply of nutriment from meat food. The better a woman's general health, the more likely is she to experience a normal labor and quick recovery. We may do many things in the hope of an easy confinement, but easy confinements are so common and differ so much in the same women, that we can never say how the labor would have been if the measures adopted had not been tried.

The teeth very commonly decay during pregnancy ; whether this be due to absorption of lime salts from the maternal organism, or is in consequence of the acid dyspepsia so common in pregnancy, or again, as my friend, Prof. Miller, of Berlin, would say, to the growth of bacteria, I am unable to determine. The fact is well known, however, and pregnancy should not interfere with filling them. If the cavities are sore and painful, temporary fillings of gutta-percha will answer. It is better not to occupy the dental chair a long time, and fatigue must be avoided ; it is also advisable not to have the teeth filled near what would be ordinarily a monthly period.

Much has been said regarding very extraordinary longings of women during pregnancy. I have not seen any such case which would be any different from what might occur in various circumstances quite independent of pregnancy. Should my reader happen to be such an unusual case, then I would advise her to follow the rule of eating only what is positively known to

agree with her, and to follow the list just mentioned, rather than to gratify a fancy, expecting her system needs it and that it will do her good.

The dress should be free and easy, supported from the shoulders, and not restricting the motion of the body in any way. When the protrusion of the abdomen carries the dress away from the lower limbs, a flannel skirt or drawers must be worn for protection from draughts of air; garters wound round the limbs must be discarded also, as they obstruct free circulation and tend to cause varicose veins; ordinary corsets should never be worn after four months and a half, and the habitual wearing of tight corsets or of very close-fitting dresses often presses in the nipples, which may render it impossible for a child to nurse. Short riding corsets or waists made for the purpose are often worn with comfort and do no harm.

During the last four months of pregnancy particular attention should be given to the breasts to prevent sore nipples and the formation of an abscess—known as “broken breast” or “gathered breast”—and to have the nipples drawn out so the child can easily nurse. This last is best done by drawing the nipples well out between the thumb and finger and keeping them stretched out for a couple of minutes at a time whenever the breasts are bathed and rubbed. Sometimes drawing out the nipple and tying a piece of worsted around it, just snug enough to keep the nipple out without obstructing circulation, is a good thing. Actual pain or the production of soreness must be avoided. Just before nursing the nipples can be drawn out by an ordinary new clay pipe, or by pouring hot water into a large

bottle, emptying it, and applying the mouth of the bottle over the nipple ; as the glass cools, the nipple is gently drawn out. The best method of toughening the breasts is to begin at the sixth month to bathe the breasts at night in a warm room with cool salt water (90° F.), and rub the breast gently, especially around the nipple, with the palm of the hand. This friction produces a thickening of the skin, on the same principle that work causes a toughening of the skin in the palm of the hand. The rubbing of the breast is essential on this account, but it must never be vigorous enough to cause any soreness. Tannin and glycerine strong enough to taste quite puckery, also borax and alcohol, are good applications to be used in the same manner. (See page 282.)

The skin of the abdomen is often tender from overstretching ; this is relieved in a measure by gently rubbing olive oil freely all over the abdomen.

Miscarriage is most likely to occur at what would be ordinarily the menstrual periods. For this reason, extra care and an extra amount of rest should be taken at these times, particularly the second, third, sixth, and seventh months of pregnancy. Women who have previously miscarried ought to remain in bed for three or four days at each menstrual epoch. Excepting at the time just mentioned, exercise in the open air is advisable throughout gestation, as it is essential to good health. A walk should be taken every pleasant day, always stopping before it causes fatigue. Even in the last month or two the figure can be concealed by a Mother Hubbard style dress, a circular, or a short sack loose in front. Under all circumstances carefully avoid lifting, reaching, dancing, moving furniture, pushing

up windows or screens, working bent over in a cramped position; the wash-tub is responsible for many a miscarriage, riding over rough roads or horseback, and also long railway journeys.

Bathing is important to promote the action of the skin, and to relieve the kidneys as much as possible from the increased work put on them in consequence of pregnancy. A sponge bath with warm salt and water, followed by vigorous friction in a warm room, should be taken at least once, and better, three times a week. Turkish baths, very hot sitz, or full baths over 105° F. must not be used. The increased amount of vaginal secretion often makes it necessary both for cleanliness and comfort to use once a day a vaginal douche of a pint of lukewarm castile soap and water, taking pains to separate and cleanse the lips of the vulva, especially when there is much itching of the parts.

So far as possible, husband and wife should occupy separate rooms, or at least different beds. Marital relations should be as infrequent as possible, and ought not to be indulged in either during pregnancy or for six months afterward, and *never* at what would ordinarily be the time for the monthly flow.

The production of sex at will would be extremely desirable were it possible. Many theories have been advanced, and many women believe they can tell by their sensations the sex of the unborn child. Considerable success has attended efforts at producing the desired sex in raising cattle, by simply observing the passions of the animals, the sex produced being the opposite to the most passionate animal. Taking the experiments on the lower animals as a basis, Dr. M. O. Terry has

written a small book in which he advocates the probability of producing the desired sex in the human animal. It is obvious that any experiments in this direction or the necessary information, to act on any scientific basis, would be extremely difficult to obtain from either men or women, particularly the latter. So far as my observation goes in perfectly authentic cases, girls have been born when conception took place soon after menstruation, and boys have been born when conception must have occurred ten or more days after the cessation of the monthly discharge. I would not, however, make this any rule, but only state that I have observed this in some cases when the facts were known. There is as yet no certain way of having offspring of the desired sex.

Birthmarks, *i. e.*, some mark on the child or deformity as the result of something seen by the mother or shocking her, are dreaded by many mothers. It is very common to hear women relate how it happened that their children were "marked." It would be an idle waste of time to discuss the question with persons entirely unacquainted with embryology and its allied branches.

It is true that fright, apart from mechanical causes, may produce miscarriage, but this is because uterine contractions are excited through the nervous system, and the child is forced out of the uterus, not that the child itself is affected; or the contracting uterus may so interfere with the circulation in the afterbirth (placenta) as to suffocate the child, and not expel it for some weeks after the fright.

Family characteristics are transmitted to children through the ovum of the mother, or the spermatozoa of the father, for the child is a union of actual portions of

both parents, a part, as it were, of their bodies, and as in plant and animal life, it would be very strange if the child did not possess traits characteristic of its antecedents. There is, however, no direct communication between the mother and her offspring *in utero*, neither by blood, nerve, nor muscle, and changes of temperature affecting development can hardly be conceived.

How often a mother feels sure her baby will be marked, and it is not! How seldom, if ever, do we hear of joy affecting the marking of a child, and how often it is attributed to sorrow or fright! Yet if mental emotion of one kind will have any effect, certainly the opposite emotion should show some influence. Perhaps no mothers passed through more trying times, or saw more awful sights, than during our late Civil War, yet there are no observations showing any increase in birth-marks or deformed children during that period. It is true that, in times of extreme famine, an increase of such children has been noted, but this is due to an entirely different cause, that of nutrition.

It is said that King James could not bear the sight of a drawn sword, and good-meaning women at once concluded it was because his mother, Mary Queen of Scots, had seen Rizzio cut down in her presence; but we are all familiar with the peculiarities and eccentricities of people not attributable to prenatal influence.

While I believe we have no positive evidence of maternal impressions disfiguring a child, and consider it an extreme improbability, the possibility of it cannot be positively denied, as it is not possible to deal with simple facts from which all possible causes have been eliminated.

The Greeks were firm believers in prenatal influence. The pregnant woman was surrounded with works of art and beauty, and everything, so far as possible, was made to contribute to her enjoyment and comfort, in order that the child should be born with corresponding tastes and fine proportions. It is doubtful if these Greeks ever have been surpassed in perfect development and knowledge of fine proportions of the human form, as seen by the few remaining specimens of their art. It is more than likely, however, that this same development of mind and form could have been due to the cultivation of athletics, letters, and to the peculiar system of laws which had for an object the stamping out and elimination from their race of deformed or puny infants.

In concluding this chapter, I wish to draw attention to the increase of irritability and nervousness during pregnancy. It should always be remembered that this peculiar and unusual state is due to the condition of the woman. At such times she should be dealt with very kindly and tenderly, remembering the fault is a physical and not a moral one. She needs kindness and sympathy for all her every-day trials, doubts, and fears, and for those in store for her. Friends who give it freely with frank encouragement, never casting doubts or suggesting anything to fear, are friends in truth and deed.

CHAPTER III.

DISEASES OF PREGNANCY.

THIS chapter does not pretend to give directions for all the ailments of pregnancy, but only for those which can be treated safely by domestic measures. Should these fail and the complaint become severe, summon a physician without further delay.

Perhaps the most troublesome and common complaint is that of nausea, often attended by vomiting or constant spitting of cottony saliva from the mouth. The nausea commonly is worse in the morning, and for this reason is called morning sickness. Complete cure of it is exceptional, as the cause of the disorder—expansion of the uterus—cannot be removed without inducing miscarriage, and in severe and aggravated cases this is by no means a radical cure. The disorder of the stomach may be a mere sensation of nausea in the morning, or become so severe as to cause frequent vomiting of a little glairy mucus or fluid, not allowing anything to remain in the stomach, and actually causing starvation. The treatment must be largely dietetic: if even a little food can be retained and the walls of the stomach nourished, something has been accomplished and improvement will follow.

In mild cases the taking of a little hot milk or broth on first waking in the morning and *before* even raising the head from the pillow often will give relief if the patient remains in bed twenty minutes after taking the

food. Wherever nausea and vomiting exist to any extent, it is always advisable to go to bed and keep as quiet there as possible, with plenty of cool (not cold) air in the room. Eat very little, only sips at a time, but often as the stomach can bear it: the food should be concentrated and easily digested. The following list comprises many articles most likely to agree, but all may fail and something else must be found; the important point to remember is, perfect rest, and food in sips or teaspoonful doses as often as the patient can bear it: milk iced or hot, diluted or full strength, as the patient can take it; chicken broth; clam water, but not the clam; peptonized milk or gruel; toasted bread or cracker; peptonized beef (Reed & Carnick's beef peptoids in powder); beef juice, squeezed from rare cooked steak, or Wyeth's beef juice; malted milk; wine whey; buttermilk; mutton broth; and white of egg and water beaten together, are all good. Koumis¹ tastes similar to buttermilk charged with carbonic acid gas, and is relished by some ladies; a moderate amount of spring water in small quantities at short intervals is allowable; a siphon of soda water or Apollinaris water to quench thirst is sometimes more effective than ordinary spring water. Some patients feel the need of a mild stimulant at times of sinking and depression; then champagne, or, if that tastes too sweet, a little hock wine answers

¹ An excellent recipe for koumis is as follows: five quarts of fresh milk, two and one half pints hot water, three fourths of a teacup of sugar dissolved in hot water: mix and add one half cup liquid bakers' yeast (brewers' might be better). Let it stand in a warm place till it bubbles, then strain and cork *tight* in strong beer bottles. Keep it cool; open carefully without shaking. It can be used thirty-six hours after making, and has more "pop" if it stands longer.

the purpose. It is not necessary for a patient to eat much; a pint of milk or its equivalent in twenty-four hours is quite enough to sustain a woman for a considerable time, when the stomach will improve and more food be retained and digested. If the stomach becomes so irritable nothing can be retained, either food or drink, or if the amount of food taken be insufficient, nutritive enemata must be given. Four ounces for one injection into the rectum, not oftener than once in three hours, is the rule. If an injection is expelled soon after it is given, do not give another at once, but wait an hour for the irritation to cease before giving the next one.

Peptonized milk is an excellent injection. I have used for an enema with much satisfaction one egg, a tablespoonful of beef peptonoids (Reed & Carnick's powder), and enough milk to make three or four ounces; sometimes the capacity of the rectum is small, and a four-ounce enema excites contraction and is soon expelled when a three-ounce enema might be retained. One more practical point in giving an enema for nutritive purposes: use an old-fashioned hard rubber four-ounce piston syringe; inject very slowly, taking ten minutes to give the enema at blood heat (98.4° F.); after the injection has been given, press a folded napkin gently but firmly against the anus for another ten minutes. These precautions will enable a woman to retain an enema which otherwise might be expelled.

If the thirst is extreme and the patient cannot tolerate water in the stomach, give an injection of clear water night and morning.

This plan of treatment is often sufficient to relieve the patient, if not to cure her, till the fifth month is

passed, and then the symptoms commonly abate. In all severe cases a physician must be consulted, who will make a careful examination of the uterus, and often pursue a plan of treatment which would be impossible for a woman to employ herself.

Medicines are often of great value in relieving the patient. Prompt and permanent cures are exceptional, as the cause cannot be removed. Any of the remedies mentioned are to be taken in the third decimal potency, a dose once in two hours till better, then once in four hours till decidedly relieved, and then only once a day till cured. Bathing the spine two or three times a day with hot salt and water has often a very soothing effect.

Therapeutics.

Arsenicum. — Vomiting after eating or drinking with attacks of faintness; great weakness and emaciation; exhausting diarrhœa; *a drink of cold water is felt all the way down and in the stomach; extreme thirst; burning pain in the stomach and bowels; generally better from moving about.* When *Arsenicum* fails to relieve these symptoms, give *Phosphorus*.

Ipecac. — Continual nausea, not a moment's relief, also vomiting and diarrhœa; bitter, yellowish fluid vomited up; vomiting with colic and diarrhœa.

! *Nux vomica*. — Nausea and vomiting, chiefly in the morning; thinks she would feel better if she could vomit; sour, acid vomit, setting the teeth on edge; constipation; weight in the stomach; irritability of temper; bitter or sour taste, belching, eructations, hiccoughing, and heartburn.

II *Oxalate of cerium*^{1x}. — Take what will lie heaped up on a penny. This is often a very efficient remedy for persistent nausea and vomiting.

Symphiocarpus racemosa was the favorite prescription of a well-known professor of obstetrics in New York City.

I *Veratrum album* has proved successful for violent and profuse bilious vomiting, with thirst, cold sweat on forehead, cold feet and hands; extreme prostration; also, if with these symptoms there should be a watery diarrhœa; desire for fruit and juicy things, for acids and salt food, for cold food; very hungry; feels very weak and faint.

Salivation, *i. e.*, a very profuse flow of saliva, is sometimes quite a distressing condition: a dose of *Mercurius viv.* once in three hours will relieve some cases, and *Pulsatilla* taken in the same way is good to check the constant spitting of cotton-like mucus. I regret to add, however, that remedies do not, as a rule, cure salivation, but may give relief and will do no harm. If these fail, try *Iodine*; and if then unsuccessful, *Jaborandi*. Use them in the third attenuation, once in three hours.

Toothache is sometimes a distressing complication of pregnancy. Pulling the tooth is not likely to afford relief; any cavity should be filled; if it is tender or sore, I would recommend a temporary filling of gutta-percha.

If the teeth decay rapidly, take special pains to brush the teeth twice daily, and afterward rub freely on the teeth and along the gums finely pulverized English chalk. If the mouth is acid (this can be easily told by putting a bit of blue litmus paper in the mouth, a red-

dish color will be seen on it if acid is present), rinse the mouth thoroughly twice a day with this alkaline mouth-wash :—

R Sodii bicarb. ℥.iss; m. Ag. destil ℥.iiss.

to neutralize the acidity which hastens decay of the teeth. The following tooth powder, used once or twice a week, has a similar effect :—

R Crætæ alb. ℥.†, Magnes. carb., Sodii bicarb. a a gr. xv†, m. sig. Alkaline tooth powder.

Therapeutics.

Remedies occasionally relieve. Take a dose once in half an hour, one, two, or three hours apart, according to the severity of the pain. Use the third decimal potency of the medicines mentioned.

Calcarea flourica. — Toothache in hollow teeth, around loose stumps, with sore, easily bleeding, painful gums; pain worse from cold drink, any change of temperature of air or food; offensive odor from the teeth; also if the toothache is associated with severe bursting headache in persons having much dandruff on the scalp; headache worse from motion, taking cold; better from tight bandaging, and lying down with the eyes shut.

Kreosote. — Drawing pain toward the temples from decayed teeth; pain not very sharp; much nausea and vomiting of sweetish water.

Magnesium phos. — Severe toothache in lightning-like flashes of pain, shooting or boring; changing locality readily, and relieved by warmth and pressure.

Mercurius protoiodide. — Teeth very sore, feel too long and loose; pain worse at night in bed; pain through the whole side of the face from a single decayed tooth; face red, swollen, very sensitive to draughts of air; rest-

lessness, sleeplessness, tears stand in eyes ; also if there is much saliva in the mouth. I have often seen the great value of this remedy for toothache with decayed, sore teeth.

Sepia. — One of the best remedies for the toothache of pregnancy ; beating, stitching pain ; pain extending to the ears or even the arms, leaving a numb, creeping sensation there ; severe congestive headaches ; also if the headache alternates with the face ache ; moth patches on forehead or bridge of the nose ; distressing, gone, empty sensation in the stomach.

Plantago. — Shooting, tearing neuralgic pain in the left jaw extending to the ear ; toothache, soreness of the sound teeth while eating, and rapid decay of the teeth.

Compare toothache with menstruation, page 64, Part I.

Heartburn is another complaint more common in the latter months of pregnancy. I have found that *Pulsatilla* in the third decimal dilution, a dose once in three hours, will often remove the complaint. If this fails, I give *Capsicum*, third dilution, in the same way. If with the heartburn there is much acidity of the stomach, give *Calcarea carb.*, third decimal trituration, once in four hours, and eat grapes or fruit which have only a little sour flavor.

Constipation is to be treated the same as in ordinary circumstances. I will only remark here that *Collinsonia* 2x dilution before meals and on going to bed is an excellent remedy for constipation during pregnancy, or just after delivery, and for the piles which often accompanies this condition of the bowels.

Frequent passing of water is so commonly dependent on the mechanical pressure of the growing uterus on the bladder, as well as irritation of the bladder from the same cause, that I do not consider medicines of much use in treating it. There are some exceptions to the rule, and these had best be treated by the family physician.

For the treatment of leucorrhœa or itching of the parts, the reader is referred to the chapter on "Pruritus Vulvæ," page 73, Part I.

It is not uncommon for pregnancy to terminate at any time before the completion of full time, *i. e.*, nine calendar months. It most often occurs at what would be the time for a monthly period, especially at the second, third, fourth, and sixth months. This termination of pregnancy has received the names of abortion, miscarriage, and premature labor. Physicians make no distinction in the terms "abortion" and "miscarriage," and both mean the termination of pregnancy, either from criminal or natural causes, before the end of the twenty-eighth week or seventh month, while the child is not viable, *i. e.*, incapable of living outside the uterus. Premature labor means the premature interruption of pregnancy after the twenty-eighth week (seventh month), when the chances for the living of the child increase in proportion to its maturity, *i. e.*, approach to full nine months of pregnancy.

People in general make a distinction and use the word "abortion" to mean the criminal interruption of pregnancy, and "miscarriage" to refer to it when produced by accidental and natural causes.

It is with much regret that duty compels me to

dwell on the unpleasant and repulsive, yes, horrible subject of criminal abortion, and by this I mean the use of any means to destroy the life of the child. It is not only murder, but the destroyer is the parent who ought to welcome and protect the helpless babe. We have already seen that life is always present from the moment of conception, so long as growth continues, and the taking of human life means a stained, scarred conscience, a crime against one's self, society, and the State.

Every woman and every man is well aware of the consequences liable to follow sexual intercourse and the indulgence of mere animal passions, and those who are so gross and sensual in nature always ought to be ready to assume all responsibility. It is to be hoped that no one will have sunk so low as to plead pleasure and passion for excuse : it betrays too gross a nature, too low a plane of life.

The readiness with which respectable women will apply to respectable physicians to relieve them from maternity has made me think they did not know the personal risk to their own lives, or the criminal character of the procedure ; for this reason I quote below the text of the law of this State, which is essentially the same throughout our country : —

Chapter 207, Section 9, Public Statutes of Massachusetts.

Whoever, with intent to procure miscarriage of a woman, unlawfully administers to her, or advises, or prescribes for her, or causes to be taken by her, any poison, drug, medicine, or other noxious thing, or unlawfully uses any instrument or other means whatever with the like intent, or with like intent aids or assists therein, shall, if the woman dies in consequence thereof, be imprisoned in the State prison not exceeding twenty nor less than five years, and, if the woman does not

die in consequence thereof, shall be punished by imprisonment in the State prison not exceeding seven years nor less than one year, and by a fine not exceeding two thousand dollars.

SECTION 10. Whoever knowingly advertises, prints, publishes, distributes, or circulates, or knowingly causes to be advertised, printed, published, distributed, or circulated, any pamphlet, printed paper, book, newspaper, notice, advertisement, or reference containing words or language giving or conveying any notice, hint, or reference to any person or to the name of any person, real or fictitious, from whom, or to any place, house, shop, or office where any poison, drug, mixture, preparation, medicine, or noxious thing, or any instrument or means whatever, or any advice, direction, information, or knowledge may be obtained for the purpose of causing or procuring the miscarriage of a woman pregnant with child, shall be punished by imprisonment in the State prison or jail not exceeding three years, or by a fine not exceeding one thousand dollars.

Yet in the face of all this, a woman will seek a physician for relief, when in addition to the above risk, apart from the obligations of moral law, she knows there is always a serious danger to life, almost always the impairment of health, and an open gate to chronic invalidism in consequence.

Perhaps my reader may ask what shall be done with an unfortunate girl with the prospects of a ruined life before her? Marriage is the most honorable course; otherwise send her away "on a visit." But let that be to a quiet, respectable place, where she will be unknown, and where she can be confined either there or in some thoroughly reputable lying-in hospital. If the young mother then feels herself positively unable to care for the infant personally, let it be adopted or well cared for by some kind, motherly woman who can give it every attention; but never allow the helpless child to pass into the hands of those women who make a business of "boarding" such children, vulgarly known as "baby

farmers"; very few babies, as a rule, survive more than a few months at such establishments.

Miscarriage is not uncommon from purely natural causes, such as a severe fall, a blow in the region of the pelvis, abuse of the marital relations, overwork, lifting, reaching, moving heavy furniture, going up and down stairs a good deal, smelling the fumes from fresh paint, diarrhœa, long rides by train or over rough roads. All such causes should be very carefully avoided. There are, of course, other causes of miscarriage, such as disease transmitted to the child from a parent, especially syphilis, misplacements and disease of the uterus, which are necessary for the family physician to treat. Indeed, the doctor must be invariably summoned when such a misfortune as a miscarriage is threatened or taking place. These cases are almost invariably more trying to the physician and more injurious to the patient than labor at full term, as the uterus is not in a condition to undergo the physiological changes which take place in mature pregnancy. I wish every woman at such a time could be impressed with the necessity of giving herself sufficient care. It would save her much subsequent suffering, and many a doctor's bill.

There are, however, many things which should be known and can be practised in a domestic way with benefit.

The symptoms which point to miscarriage are: pain in the pelvis of a pressing or bearing-down character; a pinkish or bloody discharge from the vagina, or a gush of watery fluid from the same place, and a sensation of coldness over the bladder. If there is but very little discharge of blood and scarcely any pain, it is

probable that miscarriage can be avoided ; but if there is free flowing and sharp pains, there is scarcely any hope of preventing it, and miscarriage is then inevitable.

Under all circumstances the patient must go to bed at once and remain there perfectly quiet ; send for the physician immediately, telling him what is the matter ; have plenty of cool air in the room ; remove all the pillows from under the head and shoulders ; neither eat nor drink anything hot or any spirituous liquor ; request every one to leave the room except the one or two persons absolutely necessary to remain there ; the gossip of neighbors, the anxiety of friends, the well-meant prescriptions of all together are vexatious to the patient and do more harm than good. One thing in particular must be remembered as of great importance : preserve every clot of blood and every bloody piece of cloth or stained clothing for the critical inspection of the physician, for by them he will judge what has taken place, and what has come away from the uterus. It is very important for the cavity of the uterus to be completely emptied, as flowing will surely take place at irregular intervals, and septicæmia or blood poisoning is liable to develop. Indeed, it is a practical point to remember that if, after a miscarriage, a woman is subject to irregular, continuous, or sudden attacks of hemorrhage from the vagina, there is very little doubt but that the uterus contains something which does not belong there, probably a piece of placenta, which must be removed without delay.

Rest is the essential point in the management of these cases. No matter how well a woman may feel,

she should never sit up till after the tenth day or resume her household duties in less than three weeks.

Therapeutics.

Give a dose of the third decimal preparation once in three hours.

Arnica is an excellent remedy for threatened miscarriage from an injury, with a sore, bruised sensation within the pelvis.

Secale Cornutum is another reliable remedy for threatened miscarriage with pinching, bearing-down pains and scanty hemorrhage.

Sabina, *Belladonna*, and *Ipecac* are excellent if the flowing is the prominent symptom. The indications for these remedies will be found on page 107, Part I.

Organic diseases of the heart, especially those of the mitral valves, are dangerous complications of pregnancy, and such cases should always be under the care of a very skilful physician.

Consumption is unfavorably affected by pregnancy, which hastens the fatal termination. The latter is not uncommon during or soon after labor. Women with a history of consumption and scrofula in the family ought not to marry. The great danger to life in consequence of pregnancy, which is often followed, if not accompanied, by consumption, must never be overlooked.

In closing this chapter I wish to draw my reader's attention to certain symptoms, any one of which demand the prompt and earnest attention of the physician. With the exception of the first three of these symptoms, they commonly, but not invariably, precede *convulsions* : profuse diarrhœa ; discharge of blood from the vagina ; gush of water from the vagina ; persistent,

severe headache for a number of days, especially if one-sided ; sudden attacks of blindness or partial loss of sight ; severe pain in the stomach proper, persistent and not distinctly traceable to errors of diet ; very scanty, dark urine ; bloating of face, swelling of hands and feet, together with a dry skin. These symptoms often appear in groups, and the physician should be promptly acquainted of them without delay.

For domestic treatment of all but the first three symptoms I can heartily recommend steam-baths, like the old-fashioned plan of placing the patient on a cane-seated chair, a warm blanket covering her from the neck down to the floor, and then burning rum or alcohol in a saucer under the chair ; or hot packs to cause profuse perspiration, and drinking nothing but two or three quarts of milk a day for food, *i. e.*, nothing else but water is to be taken.

Convulsions usually are due to disease of the kidneys, resembling Bright's disease, and to the retention of urea in the system which should be excreted in the urine and perspiration. They occur without immediate warning, are painless, and a patient will not remember them. Partial blindness may ensue for a few days, and generally followed by complete restoration of sight. Free respiration, a strong pulse, long intervals between the attacks, and early return to consciousness are favorable signs. Convulsions are less dangerous before than after delivery. The kidneys usually become healthy, and a woman having convulsions once is not especially liable to them in a subsequent pregnancy. During a convulsion keep a cork with a string tied to it between the teeth, sweat the patient in a hot wet pack and blankets.

CHAPTER IV.

PREPARATIONS FOR LABOR.

By labor is meant the contractions of the uterus and of the abdominal muscles, and the various processes of nature causing the birth of the infant. This requires a certain amount of preparation, which the young woman about to become a mother may not fully understand. It is true that probably the majority of women in the world make no preparation, and yet nearly all recover. It is a wise provision of Nature that she can care so well for her children ; yet this does not relieve any individual from responsibility, and it is needless to say that much can be done for the welfare of mother and child by proper preparation.

The preparations for baby's arrival are commenced, as a rule, soon after it is known that he is expected. Baby clothing is sometimes at hand, which simplifies the task ; some families can spend more money than others, and so a definite list cannot be given for every individual. The writer assumes that the reader is inexperienced, and everything must be prepared in a well-to-do, but not a wealthy family.

Cradles have been done away with, as the rocking of the child is believed to do more harm than good. The basket, also called the bassinet, has taken the place of the cradle. There are various ways of arranging it, but the following directions will give a good

general idea, which can be modified to suit the individual taste. Purchase an ordinary clothes basket not less than about thirty inches long, eighteen inches wide, and ten inches deep. This should be placed on an ordinary box of similar dimensions mounted on casters. Procure four round wooden rods or rattan sticks a yard long and half an inch in diameter, which are to be upright posts in each corner of the basket, and to be

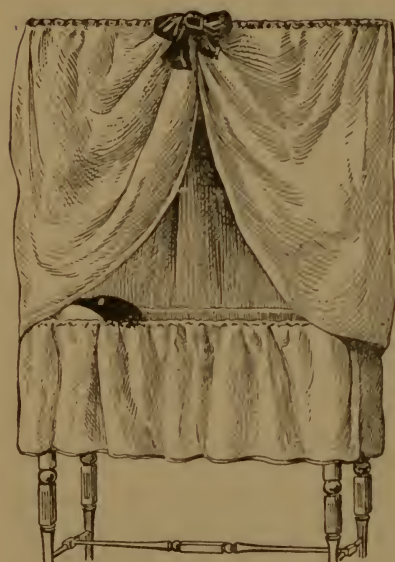


FIG. 13. A Bassinet.

fastened in it to support the canopy. Unite the tops of the upright posts by similar rods, one on each side the length of the basket, and one on each end the width of the basket. This framework is wound smoothly with yellow satin ribbon, and a fine dotted muslin stretched tight across the top and in folds like curtains around the sides to complete the canopy.

The sides of the basket

and box are covered with the same material in folds or plaits. Feather stitching with yellow silk, ruffles, or lace along the edge, or other ornaments can be added according to taste. The sides of the basket should be padded with a sheet or two of cotton batting and lined with plaited silesia or satin; light pink or a light shade of robin's-egg blue is a favorite color. Place a feather tick in the bottom of the basket, on top of this a thin

tick of excelsior, or corn husks, and over this a curled-hair mattress and pillow. The edge of the basket can be ornamented with a frill of silk and a box-plaited ribbon all around the rim below the frill. One or two rows of lace on the frill will add to its beauty. The sheets and pillow-case should be of old soft cotton or linen. A rubber sheet should not be used, unless it is found impossible to keep the hair mattress clean and sweet. If so, place a piece of rubber cloth about eighteen inches square over the mattress, and cover both with a thick layer of old flannel, and over this place the lower sheet. Rubber near the child's body causes unnecessary heat and perspiration, and should never be used in connection with diapers. The baby should be covered with flannel blankets, which can be made very dainty and pretty in the following manner : select California flannel of a heavy quality alike on both sides with a thick, loose pile. Make the blankets seven eighths of a yard long and the width of the flannel ; buttonhole them around the edge with crewel to match or harmonize with the lining of the bassinet. The corners of the blankets can be worked in some design according to taste. Roses are often selected for the pattern.

The baby basket in which are kept the various articles for baby's first and subsequent toilet should correspond in general with the bassinet.

The accompanying description and illustration are taken from *Babyhood*, an excellent magazine devoted to the care of infants. Two layers of cotton wadding are placed over the bottom of each basket with a little sachet powder sprinkled between them. Cover

the sides and bottom smoothly with fine light blue silesia, or a color similar to that lining the bassinet. Cover the bottom again with a smooth piece of fine muslin. Take a strip of the muslin a little wider than the depth of the basket, and edge both sides with very fine Torchon lace; shirr it to the top and bottom of the sides of the basket, leaving an inch ruffle standing above the upper edge. There are in the upper basket three

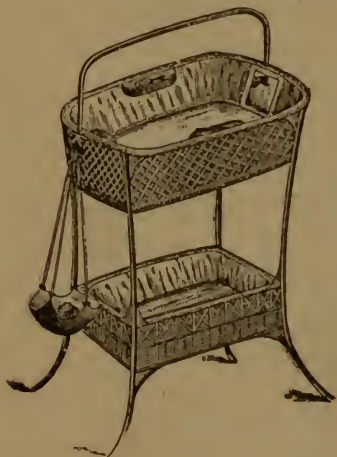


FIG. 14. Baby Basket.

straw pockets, two seven inches long at the sides and a shorter one at the end, fastened by pale blue satin ribbon, which first is sewed firmly to the sides of the basket, then has its ends brought through holes in the back of the pocket and is tied in pretty bows on the inside. At the other end is a square pincushion, covered with the silesia and muslin, trimmed with lace, and further ornamented on the corner by a bow of satin ribbon. The sponge bag hangs at one side by two pieces of ribbon three quarters of a yard long, the two ends of each ribbon being fastened to diagonally opposite corners of the bag. This is a piece of silesia eight inches square, lined with oiled silk, covered with muslin and bound with the narrow ribbon. There are also small bows of ribbon on each corner. A fine sponge, which is especially useful for the head, is placed in the bag; a thick soft brush in one pocket and a small comb in another, safety pins, etc., in the

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THE COLLING PRESS, 18 MILTON PLACE, BOSTON.

It is a pleasure to write for *Research*. I've enjoyed the work that I've done and hope you will find it useful.

and is still a very young man.

Invested

cushion. In the basket is laid a porcelain puff-box with flowered front; French gilt rims and pale pink puff showing through the glass cover add greatly to the prettiness of the general effect.

The articles for the first toilet of the baby should be placed in the basket, so as to be in readiness at the time of confinement, and may be enumerated as follows: one complete Standard suit; if this be not used, these five articles are to be substituted: one nightgown, one cambric skirt, one "barrow coat" or "pinning blanket," one linen shirt, one soft flannel shirt; in addition to the preceding list there should be a square of fine white double-width Shaker flannel bound with ribbon, like that of the basket and bassinet, for a shawl; one flannel band; two diapers of old linen, one very small; three pieces of tape one eighth inch wide and twelve inches long, or a skein of coarse white embroidery silk or dental floss; a pair of sharp scissors; a small jar of vaseline; a thermometer for measuring the temperature of the room and of the bath; a piece of old castile or olive-oil soap; one linen and one old flannel wash-rag; two very soft towels; a large, old flannel apron; a box of baby powder with a puff; rice powder is the best, as starch is more subject to decomposition, and may irritate the skin. A fine starch powder is made by rubbing starch and alcohol into a paste in a saucer. The alcohol evaporates and leaves a delicate powder. A roll of very fine, soft old linen; a paper of ordinary pins, and two sizes of safety pins. Ladies sometimes procure a few solid silver or gold plated safety pins. Starch, ruffles, or puffs should not be allowed in any garment which touches the baby's skin.

The first clothes (the layette) for the baby are made in various ways. The author recommends the Standard suit with some slight modifications according to the climate, but as the reader may prefer the old style of dress, the articles for the latter are enumerated on page 239, after the description of the Standard suit. Dr. L. C. Grosvenor, of 185 Lincoln Avenue, Chicago, has introduced the Gertrude suit, which is very similar to the Standard. He will send the five patterns of the suit, postpaid, for one dollar, or the Standard pattern sheet shown here can be obtained of the Hygienic Publishing Co., 15 Milton Place, Boston, Mass., for fifteen cents.

The accompanying pattern sheet contains the full size of the patterns in outline; each one can be followed and traced out separately on thin paper by following the outline of each pattern.

A. Dress. The four sections show half of the front, half of the back, and two parts of the sleeve. This is a plain slip; if desired to elaborate it with tucks and trimmings down the front or about the bottom, allowance must be made for these in cutting. Any style of dress can be used with the Standard undergarments, either yoke, Mother Hubbard, etc., according to fancy.

B. Underskirt and Nightgown. These two garments are alike and cut by the same pattern, and take the place of shirt, pinning blanket (barrow coat), and band. The three sections show half of the front, half of the back, and the sleeve. A fine quality of cotton flannel of medium weight is excellent material; but the white all-wool, widest width, heaviest weight stockinet made by the Jaeger Sanitary Woollen Co., and sold at 827 Broadway, New York, is the most

desirable. Seven eighths of a yard is required for a garment, and three or four garments are sufficient. The hem of the neck, waist, and bottom is turned over with a broad edge on the *outside* and catstitched. If the skirt and waist are made separately, use one breadth of flannel for *B* and two for *C*. It is a good plan to have a plait an inch wide down the front and about the bottom, to allow of letting out as the child grows. The nightgown and the diaper usually are sufficient for night wear.

C. Flannel Skirt. The two sections showing half of the front and half of the back are made of woollen flannel, without sleeves, the armholes and neck scalloped but not bound. Ornament the bottom according to taste.

D and E. Diapers. There are two sizes, 18 x 18 and 10 x 10 inches, the larger to be folded across diagonally to an even triangle. The smaller one is placed where most needed, inside the folded diaper. It saves the heat, discomfort, and unnecessary thicknesses about the child, besides reducing the size of the pieces for washing. Soft, old linen diapers made from old tablecloths are the best, though some prefer cotton flannel, as softer and warmer. Take care to turn the hem on the right side, and use the fleecy side next to the baby.

Use of Knit Goods.—A very fine texture of absorbent jersey fitted to the body by a gore running down the centre, as in Fig. 17, is more elastic and less clumsy about the hips than the old style of diaper. If a little Hartmann's wood wool is quilted coarsely between folds twelve inches square of ordinary cheese-cloth which has had the starch boiled out of it, and used instead of the small napkin, it will save a good deal of washing,

as these pads are burned when soiled. Never use rubber diapers or drawers; they cause excessive perspiration, and indirectly are likely to harm the baby.

The first three garments are made princess fashion, and one fits neatly into the other, so that all three can be put on or taken off the baby as one garment. The washing of flannel garments, so that they will remain soft and not shrink, is of no little importance for the comfort of the baby. Silk and wool mixed is preferred by some mothers to an all-wool fabric, especially for summer clothing, as it is not so warm.

The Novelty Knitting Co., of Albany, New York, have made a knit Gertrude suit which will warmly



FIG. 15. New Style
Knit Diapers.

recommend itself to some mothers. The same firm has put a knit diaper on the market which adjusts



FIG. 16. Old Style
of Diaper.

itself to the baby, and is more elastic than the old style of diaper (Figs. 15 and 16). The fit about the waist is improved by goring the diaper after it is folded diagonally as in Fig 17.

A simple way of *cleansing flannel* is to soak the garments fifteen minutes to half an hour in boiling water and borax,—a teaspoonful of borax to a quart of water. Rinse them in water of the same temperature. Squeeze them gently, dip them up and down, but never rub or wring the flannels, nor allow them to remain wet or to freeze dry. Pull the garments into shape when drying, and when but a trifle damp press them with a hot iron. If there are delicate colors or the borax is not at hand, use in the same way half

a teaspoonful of ammonia to a quart of water. Wash all silk articles in cold water. A more complicated method of washing flannels, which admits of more thorough cleansing, is as follows: shave up one bar of Ivory soap and dissolve it in two and a half gallons of boiling soft water; turn it into a three-gallon jar, add one ounce of borax, three teaspoonfuls of sal soda, and stir ammonia enough in it to give it a strong odor; cover it up and set it away to cool, when it will resemble soft soap. Add enough of this soap

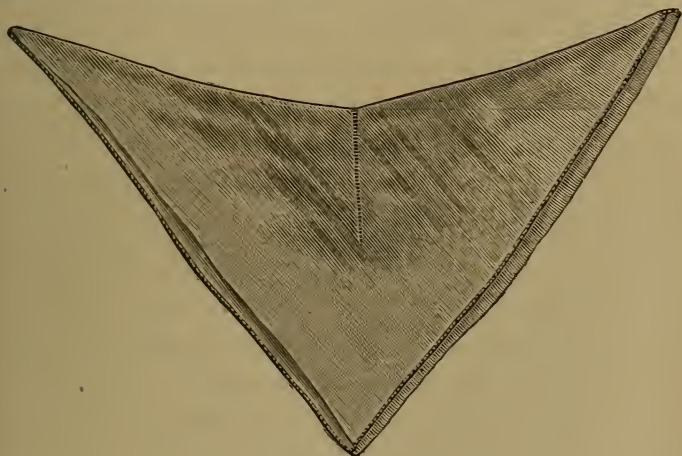


FIG. 17.

mixture to clear, warm, soft water to make a suds; wash one garment at a time; rinse it in clear, soft warm water and hang it up *at once*. The use of clear, soft water is essential for success, exactly as directed. Directions for washing the Jaeger flannel come with it, and should be observed faithfully in cleansing garments made from it. Diapers are often neglected by the laundress, are soaked in strong soapsuds, imperfectly rinsed, starched, and ironed. All of these are things which must not be done. Great care must be taken to

thoroughly rinse the diapers; never starch them, nor allow a nurse-girl simply to dry diapers soiled by urine and to put them on the child. All soiled linen needs washing. Press out lightly the wrinkles in these garments, but do not iron them in the ordinary sense of the term. Never allow starch in anything which comes next to the baby's skin.

The Standard suit, as a whole, is the best one at present for a baby to wear; but there are some modifications which can be adopted to advantage, and depend chiefly on the circumstances of the individual case. In a cold climate and in the winter it is a good plan to make full-length sleeves of ample dimensions to provide for the growth of the arms; the ends of the sleeves can be finished with wristlets made from drawers ribbings, or the ribbing of an old undervest, stretched as it is sewn with the ravelling edge on the end of the sleeve. These wristlets protect the arms from draughts of air, and prevent the sleeves from riding up. A light or heavy flannel should be used, according to the season. The Jaeger stockinet cuts to better advantage with the straight edge of the back of the pattern on the selvage of the flannel and making a seam below the buttons. If a baby is restless nights and kicks off the clothing, the nightgown can be made a little longer and fuller, and the bottom buttoned together. A combination shirt and drawers night suit is better for children old enough to walk about a little. If the feet are cold, long stockings covering the entire limbs can be worn with elastic tapes sewed on to them and buttoned to the shoulder-strap. This plan has been adopted by some mothers who cut the Standard

day suit only twenty-two inches long. It practically short coats the baby from the beginning. The long stockings are made warm enough to protect the limbs, and the mother is saved the trouble of making more clothes a few months later. The writer cannot recommend such short clothes for the winter, though they might do for the warm summer months. If the Jaeger stockinet irritates the skin, which is very unlikely, or is too expensive, a very soft cotton flannel, merino, or linen shirt can be used next to the skin beneath the flannel dress. The baby is dressed easily by pinning on the diaper and putting on the three garments as one piece, turning the baby over once and buttoning up the back. Stockings are put on afterwards, if they are necessary, to keep the feet warm. This suit admits of dressing with ease, rapidity, and comfort for the child ; it does away with all pins, except the diaper pin ; it admits of ready inspection of the child's body ; lastly and important, it does away with all bands, for with this suit no bellyband is worn after the navel has healed, *i. e.*, after ten days. This band is not needed to support the abdomen, is difficult to keep in place, and is often a serious injury, causing rupture (hernia) when applied too tight. A properly fitting bellyband is recommended to protect the abdomen from changes in atmospheric temperature during the summer in a changeable climate, especially if the baby is teething, being artificially fed, or suffering from looseness of the bowels. Except for these indications, the bellyband ought to be dispensed with after the tenth day, if the navel has healed perfectly.

The best bellyband is made by tearing across the

flannel or cutting on the bias a strip five inches wide and eighteen inches long. If the band is too long to lap well, cut it off ; leave the edge rough and unsewn ; feather stitching makes it harsher for the baby. A little tab of cloth should be sewn on in front, so that it can be pinned to the diaper and kept in place. Knitted bands or shirts are better, in that they fit the abdomen more closely and are more elastic than ordinary flannel bands. They are knitted loosely in strips from Saxony yarn on medium-sized knitting-needles in the old-fashioned garter stitch, and then darned together to avoid seams. Bands are commonly worn till the child is six months old, unless the reform (Standard) suit is used, though the latter does not interfere with the band ; it is only because the band is unnecessary, except as stated above.

The following articles should be prepared for baby's use. A mother can manage with a smaller number, and if in affluent circumstances she will need more garments, especially diapers, if the baby ever has diarrhœa : —

Two squares of fine white double-width Shaker flannel bound with ribbon, or extra flannel dresses with capes.

Ten long white dresses (Standard pattern).

* Four silk warp or fine flannel skirts (Standard pattern).

Three fine flannel nightgowns (Standard pattern) with full skirts buttoning at the bottom.

* Three Jaeger stockinet underskirts (Standard pattern).

Four bellybands or knitted shirts.

Thirty small diapers, unless quilted pads of wood

wool and cheese-cloth, or one eighth pound of absorbent cotton to a pad are used, when fifteen small napkins are sufficient.

Thirty large diapers.

Twelve bibs.

Four pairs woollen stockings reaching above the knees, and either pinned to the diaper or attached by elastic bands to the shoulders.

One half-gross large safety pins.

One gross small safety pins.

If the Standard suit is not used, omit the starred articles from the above list and substitute —

Four fine flannel barrow coats (pinning blankets).

Four silk-warp flannel or knit worsted shirts.

Four linen or silk shirts to wear beneath the flannel.

If babies will not sleep with the bottom of the nightgown buttoned up, and yet kick off the clothing so as to expose the limbs, and also when they are able to walk, try making a combination of loose waist, drawers, and stockings in one piece. Heavy or light weight flannels are worn suitable to the season.

The thin all-wool nightgown and diaper are sufficient for night wear, except in cold weather and insufficiently heated rooms (*i. e.*, less than 60° for a young baby). A thick-weight flannel nightgown should be worn, or a second flannel nightgown put on, which is exchanged for a calico wrapper in the spring. A very young child, unable to turn about, can be wrapped in a light soft flannel outside of its clothing, which is exchanged later for a wrapper of “wash flannel” or the nightgown to keep the shoulders warm. Mothers who do not use the Standard suit can dress a baby

about four months old at night in a knitted worsted shirt, band, diaper, barrow coat or pinning blanket (*i. e.*, a long flannel skirt open behind), and a nightgown. Put on a flannel wrapper over the nightgown in winter, the long flannel sleeves coming down over the hands. All the garments should be very loose.

Short coating the baby, *i. e.*, putting it in short clothes, is to be regulated by the season rather than the age of the infant. Cold weather is an unfavorable time, as the baby may suffer from it. Short coating is practised as early as three and as late as eight months. The usual length of the dress for one year is twenty-two inches. Attention has been called already to making the Standard suit this length from the beginning, and using long stockings to keep the legs warm, which are unnecessary with the long skirts. The same number of garments are used in the short suit as in the long, but long stockings are added, fastened to the inside of the diapers with a shield pin, and the undergarment is made of a soft, medium-weight Canton flannel.

Our grandmothers, who did their own work and cared for their children without nurse-girls, were accustomed to use standing stools, and as such an article would be a great convenience in some families at the present time, a description of one is given. It is really a miniature crib which can be taken from one room to another, and holds the baby safely in sight, while the mother is doing her work. After baby can stand and walk well, a belt about his waist and a strong cord to time him up will give him more freedom and safety.

The simplest standing stool is an ordinary box thirty inches square and about sixteen inches deep, lined, padded, and mounted on casters. The pattern described is a very old one and one of the best. Cut the oval bottom twenty-five by seventeen inches, from a two and a half inch hard-wood plank. Fit it with twenty-one rods, half an inch in diameter, and nineteen inches long, and a railing for the top two inches wide, carefully rounded and polished so that the baby cannot scratch himself. Place a soft mat or carpet in the bottom, and baby can be kept in on a table off from the cold floors, out of mischief, perfectly safe and easily watched.

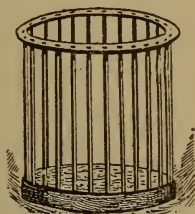


FIG. 18. Standing Stool.

The preparations a woman makes for herself are simpler than those for the baby, and too often are delayed till the latter part of pregnancy. The room in which she expects to be confined cannot be selected always, yet, so far as possible, it should be free from disturbing noise or odors, dry, sunny, well ventilated by windows, and a fireplace improves it, but without draughts of air. It should be possible to keep it well warmed both day and night if necessary. It ought not to be on the first floor or over a damp cellar with the air blowing in and up through the floor in all places. Better have a bare floor than one with a cold oilcloth to step on.

If there are any set bowls in the room communicating with the sewer, seal them up carefully by pasting paper over the large hole in the bottom of the bowl, and the small holes at the top; never trust to

traps, however well the plumber may warrant them. If there is a door opening into the bath-room it should be locked, and all the cracks carefully pasted over with paper, and the bath-room entered from the hall. This may seem quite superfluous, but the importance in guarding against every possible source of disease cannot be emphasized too strongly.

If any person has been sick in the room within two years with any infectious disease, severe erysipelas, or any surgical disease attended by the formation of matter, *i. e.*, pus, the room must not be used, on account of the danger of childbed fever. If more than two years since any of the above diseases have occurred there, never trust to any disinfection, however thorough at the time, but redisinfect the room in the following manner, with all the furniture in the room as it will be occupied during labor, but remove all the silver, as it will tarnish. Open all the drawers and closets, close the draughts and windows. For every one thousand cubic feet of air buy three pounds of brimstone to burn in the room six hours as follows: take a large pan and place a couple of bricks flat in it, pour in enough water to cover the bricks, and place on them another small tin or iron dish containing the brimstone. When all is ready, pour two tablespoonfuls of alcohol on the brimstone, light it with a match, and leave the room for six hours; at the end of that time enter the room, and, without breathing, open a window, and leave it for a couple of hours, when it will be sufficiently ventilated to remove the pans. It does no harm to look occasionally into the room to see if everything is all right during the fumigation, but if the latter is well under way it is better not to enter.

The process is quite safe and not likely to injure anything, except starched clothes. It has no effect on bronze or gold-leaf picture frames; it might injure very cheap gilt or silver frames or delicate dresses. The peculiar odor of the sulphur fumes is quite penetrating, and, in spite of thorough ventilation, may persist for a fortnight. For this reason the room should be fumigated three weeks before labor is expected.

Should a choice of beds be practicable, select one which stands well up from the floor. Low beds try the backs of physician and nurse. A two-thirds bed is a good width, and an ordinary width bed is much better than a very wide one, which requires the nurse to do much reaching.

The rules for a previous illness of any one occupying the bed are the same as for the room. A feather bed must not be used. A hair mattress is the best, and should be thoroughly cleansed by naphtha previous to confinement. Both sides of the bed should be accessible; if only practicable on one side, it ought to be the left-hand side facing the headboard.

An old blanket, or rug wrong side up, on the floor, at the left-hand side of the bed, serves the excellent purpose of protecting the carpet.

The following list of articles will be needed at the time of the confinement: one rubber or oilcloth 4 x 4 feet will do, but an extra rubber will be convenient; a fresh, clean fountain syringe; a Eureka bedpan is very desirable, its shape being the best with which I am acquainted, and it also saves much lifting; towels, napkins, sheets; one eighth pound absorbent cotton, one bottle of fresh sweet-oil, one cake of pure imported

castile or olive-oil soap, one bottle of antiseptic mercurial tablets (Wyeth's), a small bottle of brandy ; old sheets are better than new ones, and there must be blankets enough to change, so that one set is airing while the other is in use ; a foot-tub is convenient in which to place the soiled linen.

The mother will need for her personal use three or four nightgowns and as many day gowns, opening all their length in front, one dressing sack, six binders eighteen by forty inches, simply torn from strong cotton cloth without selvage edge or any stitching, and two napkins fifteen by thirty inches. The antiseptic pads¹ made in the following manner are better



FIG. 19. Eureka Bedpan.

than the ordinary napkins. Procure sun gauze or cheese-cloth in the piece ; twenty yards will not be too much. Boil

and wash the starch all out of it without using soap or anything but water. Dry in pure, fresh air, free from odors, and iron with a very hot flat, hot enough so that it has to be moved rapidly to avoid scorching the fabric. It can now be cut in pieces so as to be folded together in pads four inches wide, ten inches long, and ten or twelve layers thick. The pad made in this way can be secured well enough by two or three basting stitches, or it can be loosely basted on a strip of cotton flannel four inches wide and twenty long. If made the latter way, the ends of the cotton flannel are secured by safety pins to the binder, and

¹ These pads can be purchased ready for use of Otis Clapp & Son, or Codman & Shurtleff, Boston.

thus hold the pad loosely against the private parts to receive the vaginal discharges.

If the pads are not attached to the flannel, they are used by placing them in a napkin, which is secured the same as the ends of the flannel. I prefer the use of the flannel strip. When the pads are removed they are burned at once, and thus much washing is saved. Fifty of these pads should be in readiness. In case they are not all used, the patient will find them very useful for menstrual pads.

A simpler way of making the pads is to procure one pound of Hartmann's antiseptic wood wool. Prepare the cheese-cloth as before but in fewer layers, and insert between them a handful of the wood wool for a pad. An obstetric sheet of the same material, about two feet square and quilted an inch and a half thick, is excellent for the hips to rest upon during labor. It is softer than the folded sheet and cloths commonly used for that purpose, and is especially valuable to absorb the discharges. The medium size, sold for about seventy-five cents, is large enough to absorb all the discharges during an ordinary labor.

A cot bed in the room for the nurse to sleep on is convenient, but not absolutely necessary.

The bed is made as follows for the patient to occupy during her confinement: pin the rubber with safety pins to the mattress, the edge of the rubber cloth coming over the left edge of the mattress as you face the bed, and also covering the middle of it. Spread the sheet on this in the usual way, and over the sheet place the second rubber cloth, if there is one, so that one border will lie over the left edge of the bed, and where

the patient's hips will lie a little below the centre of the rubber. Place the antiseptic wood wool sheet on this or on the sheet, if there is not a second rubber, or an old blanket or sheet folded three by four feet, the long way of it along the margin of the mattress, and its lower edge so that it will lie not more than a foot below the genitals; then, as this sheet becomes soiled, it can be pulled down and its lower edge folded over, so that the patient will lie on a comparatively clean sheet, and the bed will remain fresh. Napkins should be at hand to soak up any sudden gush of fluid, and a small oblong basin is convenient to receive the afterbirth as it is discharged.

Send for the physician as soon as the pains of labor appear at regular intervals. The regularity of labor pains, coming at nearly exact intervals of time which are entirely free from pain, is the great characteristic feature of true labor pains. They usually commence low down in the back and streak over the hips to the region of the bladder. If the hand is placed flat and firm on the uterus during a pain, the uterus will feel much harder than when there is no pain.

False labor pains often mislead a woman and cause her to send needlessly for the physician. Such pains do not appear at regular intervals, are not associated with hardening of the uterus, and are in the upper part of the abdomen rather than at the lower part of the spine. The pain itself is colicky in character and is often due to constipation. A good rectal enema of lukewarm castile soapsuds, with free evacuation of the bowels, will afford prompt relief for most cases.

Take particular pains in sending for a physician to

leave the address correctly, and a careful statement of the case concerning any symptoms which may have occurred, such as a gush of water or bleeding, and also state the severity and frequency of the labor pains. Such a statement is often of considerable help to a medical man.

Just before the doctor is expected, the nurse should have at hand a basin of warm water, soap, nail-brush, towel, and vaseline or glycerine. I much prefer glycerine, as vaseline is not easily washed off the hands and is very difficult to remove from clothing. At the commencement of labor the nurse also should take pains to have convenient a supply of hot and cold water, a bowl the patient can vomit in if she should be so inclined, a chamber vessel, a bedpan, and a foot-tub or another receptacle for soiled clothes. A dozen napkins should be near at hand.

In engaging a nurse care should be taken to have the dates and wages carefully arranged, *i. e.*, amount of pay, if any, if there is a miscarriage, and when there is no use for the nurse at the time for which she is engaged. Confinement is sometimes delayed beyond the expected time; for this, too, the compensation of the nurse should be arranged, and, finally, engage the nurse for a distinct period after confinement. This should be at least four weeks; even then it will be no small task for a woman to assume the care of herself and child, not to mention that of the household. It adds much to a woman's comfort to have her hair done up while she is in bed. Comb it high up on the head and braid each half tightly the full length and tie the ends; coil these braids from ear to ear entirely on top

of the head; do not cover the back in the least, and fasten the braids with long smooth hairpins. The hair ought to remain in place a week and look well. Before combing it, get out all the snarls in the short hair about the neck and face. Dampening the hair with alcohol and water will help take out the crimp and snarls.

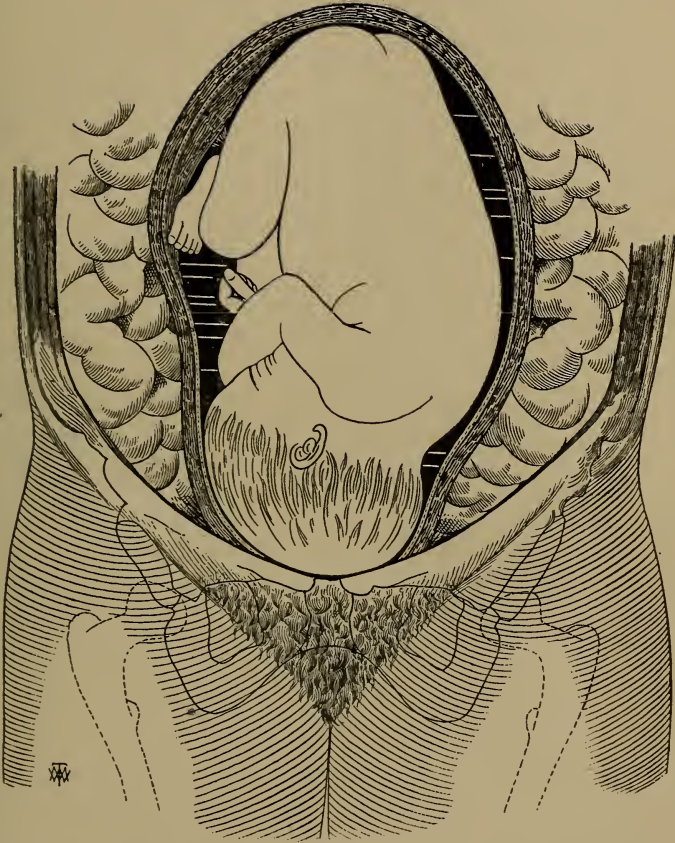
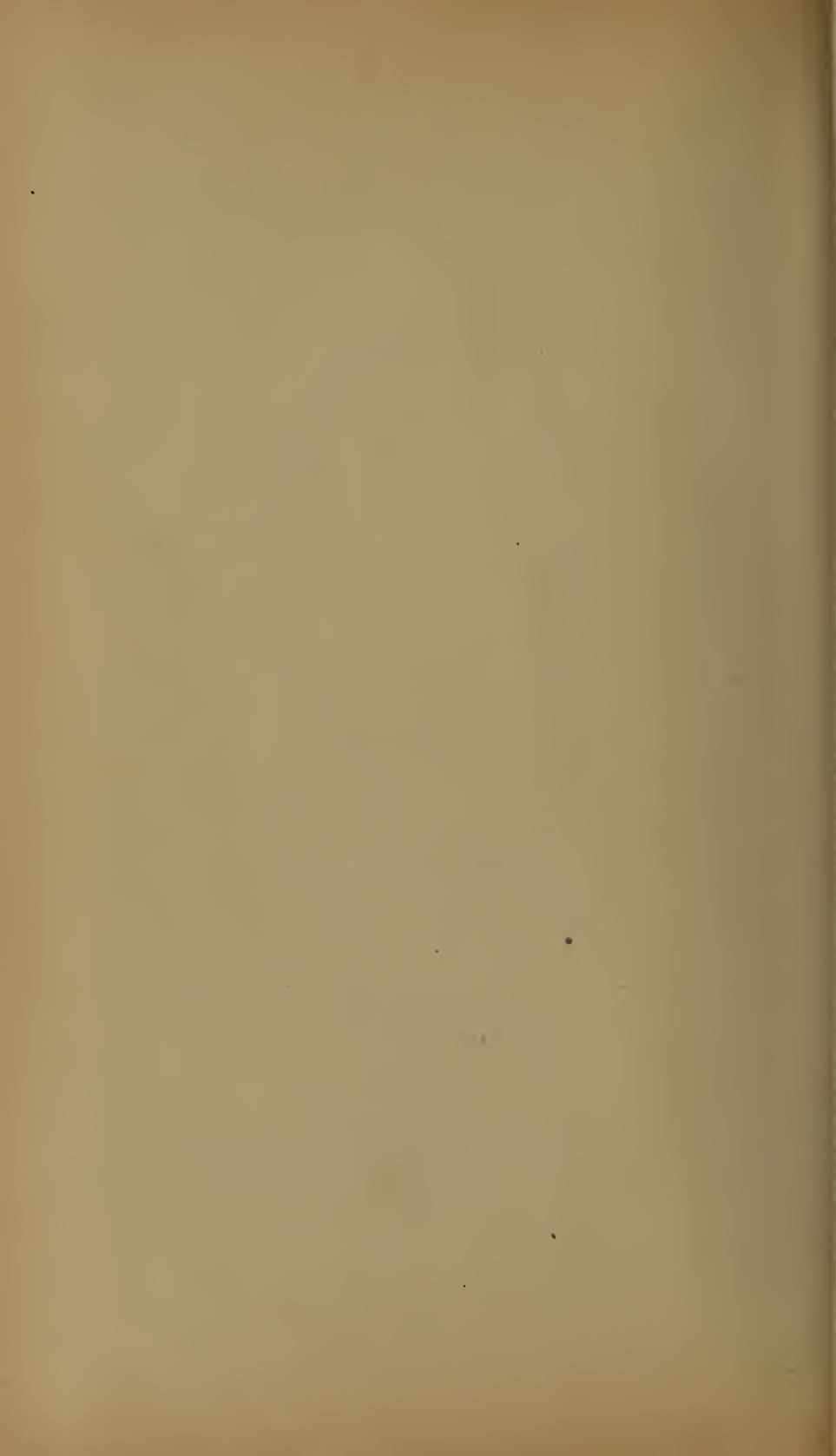


PLATE XII.

A Head or Cranial Presentation.

This is a correct representation of the child in the uterus as it presents in ninety-five per cent of all cases. The placenta is seen attached to the uterus near the child's foot. The black next to the child is the liquor amni surrounded by a light dotted line next to the uterus which is the bag of membrane. The uterus is external and among the intestines.



CHAPTER V.

LABOR.

By this term is meant that combination of Nature's forces which produces the birth of the child. It is to be remembered that the infant is born purely as the result of muscular contractions of the maternal organism and chiefly of the uterus, which is essentially a hollow muscle. The child is purely a passive agent, and never in itself makes any movement to aid its birth.

Before the infant is born it lies in the cavity of the uterus surrounded by a fluid similar to water which is enclosed by a thin, paper-like, semi-transparent bag of membranes. Half floating in this fluid, any portion of the child may be lowest in the pelvis and be the part to be born first, if the circumstances will permit. As the head is both the largest and heaviest part of the child, it almost always sinks to the bottom of the uterus and thus becomes the presenting part. (See Plate XII.) It is always the head which causes the chief difficulty in expelling the child. Sometimes the child does not, as it were, stand on the head, but its buttocks are lowest in the uterus, *i. e.*, it sits in the pelvis. It then constitutes a breech presentation. (Plate XIII.) Rarely the child lies across the uterine cavity and the pelvis. It is then a cross birth or transverse presentation, and the child must be turned so that one end of the child,

usually the breech, can enter the pelvis and allow the child to be born. (Plate XIV.) In any of these three chief forms of presentation the back may be anterior or posterior. It is always better for the back to be anterior; almost always, if it is behind, the child has to turn so that its back will come in front, and this causes considerable increase in the length of labor and extra pain. Head presentations occur in ninety-five per cent of all cases, and are by far the most favorable of all the presentations of the child. Breech presentations are equally favorable for the mother, but are not nearly as good for the child, as the head is apt to stick in the pelvis, and the child dies from suffocation before it can be extricated. This unfortunate termination of labor is most common in a first childbirth if the breech presents. A rare form of cranial presentation is for the back of the child's head to rest between its shoulders, so that the face instead of the top of the head is born first. In all the various positions mentioned the body of the child in the uterus is bent a little forward, with the arms folded over the chest, and the limbs flexed on the abdomen. Twins may present in any of these positions, but more often one presents by the head and the other by the breech. The second child is usually born easily and within half an hour after the birth of the first one. (Plate XV.)

The duration of labor must necessarily depend on many factors and be very variable, yet, on an average of many cases, a woman is in labor with her first child eighteen hours, and if she has children again the average time is twelve hours. Rather more than two thirds of the time is occupied by what is known as the

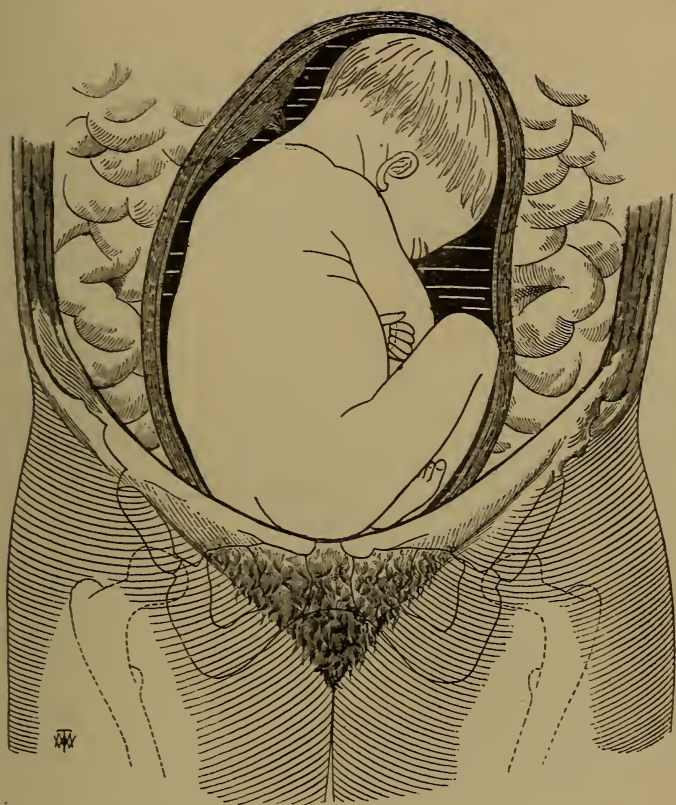


PLATE XIII.
A Breech Presentation.



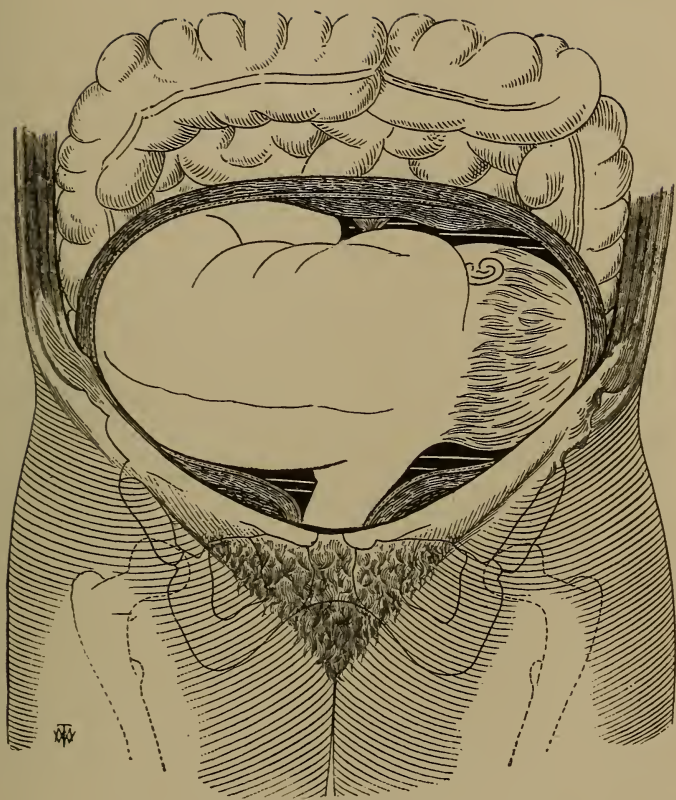


PLATE XIV.

Transverse Presentation.



first stage, which really ought to be considered the preparatory stage of labor. The first labor is longer than subsequent ones, for the reason that the muscles and ligaments are stretched for the first time and yield more readily afterward. After thirty years of age it is more difficult to give birth to the first child than earlier in life, as the parts are then more rigid. The expulsive pains vary much in different cases, sometimes strong, at other times poor ; and this is true, too, of each individual case. The presentation of the child also makes a difference in the length of labor ; twin cases require more time than a single birth. One child is commonly born within half an hour after the first, but the first stage of labor is prolonged. Large children require more time to be born than small ones, and babies with very hard heads more than those with heads which yield a little and become elongated.

A few days before labor begins there is an increased leucorrhœal discharge from the vagina ; greater frequency of urination is experienced ; the child is often not so vigorous in its motions, and the height of the abdominal swelling is lower down. Labor varies much in the way it begins. In some women it commences suddenly and vigorously without any warning, in others it commences gradually with an occasional twinge of pain in the back or uterus.

For convenience of description, the act of parturition is divided into three periods, known as the three stages of labor. The first stage may be considered preparatory, and lasts till the womb has dilated enough for the child to escape through its neck, and is commonly terminated by the spontaneous rupture of the

bag of membrane during a pain, and a gush of watery fluid, the liquor amni.

The second stage of labor, characterized by severe bearing-down pains, is from the end of the first stage to the birth of the child ; and the third stage corresponds to the time occupied for the expulsion of the placenta (afterbirth) after the child is born. The duration of each period, like the duration of labor, is very variable, and may last from a few minutes to many hours, or even days, but the following gives an average time : first stage, twelve hours for the first child, eight hours if in labor a second time ; second stage, six hours for first baby, two to four hours for another child ; third stage of labor, from five to forty minutes.

The preparations for childbirth have been described, and should be completed when parturition commences. Details already mentioned need not be repeated in describing the symptoms and management of the first stage. Labor commences with pains low down in the back extending over into the uterus, which appear at *regular* intervals with entire remissions or spaces free from pain. The pains gradually increase in strength and frequency till the child is born. In addition to this main symptom, three others occur which should be understood as perfectly natural and not a cause for any anxiety ; all three of them are most likely to occur near the completion of the first stage, though one or all of them may not appear. The first symptom is what seems to be a chill ; the patient shudders, often shakes violently, and complains of cold. This is analogous to the shudder sometimes experienced at the close of urination, and is purely of a nervous character from the



PLATE XV.

The Position of Twins in the Uterus.

The navel cords are about the waists, and they are separated by the bag of membrane.

dilatation of the uterus. An extra blanket, and a hot-water bottle to the feet, are all that is necessary. The second symptom is a slight bloody discharge varying from a few drops to a teaspoonful (more than this, or a constant bloody discharge, may mean a serious complication requiring the careful attention of the physician), called a show, which is due to the breaking of a few capillary blood-vessels. The third symptom, vomiting, is very common. This, like the chill, is purely of a nervous character and is perfectly natural, but when it occurs late in the second stage of a very long and painful labor it means exhaustion. The membrane ruptures in most cases when the first stage is completed, but this may happen any time previously, and, the waters gradually escaping, causes what is called a dry labor, which lasts longer than ordinary parturition. In rare cases the membrane does not rupture so that the child can pass through it, then the child is born with its face and head covered with this membrane, which must be immediately torn off — there is no risk in doing it—or the infant will at once suffocate. The membrane, under these circumstances, is called a caul, and superstitious sailors once were firmly of the opinion that the owner of a caul would never drown.

It may seem needless to remark that all coarse jesting is quite out of place in the lying-in room; quiet, attention, and sympathy for woman in her hour of suffering should be the rule, and not more than two other persons should be in the room. A good nurse is much more efficient if she is not a near relative, as the sympathy and natural nervousness of the latter may unfit her for her duties. The husband should be

admitted to the lying-in chamber if the wife desires it, but not otherwise. Children and young people ought to be away from the house.

There is no definite rule about going to bed early in labor. If the patient is up and walking about in the room or sitting in an easy-chair, it will be quite as well for her as going to bed, and labor will not seem so long; but if she feels tired and exhausted, there is no reason why she should use up her strength in walking about, even though the upright position favors the descent of the child. We must follow Nature's lead and allow her to take such positions as are the most comfortable. Care must be taken to save both nervous and muscular strength in every way. She must not strain or bear down in this stage, and never pull on anything to force the child down, as the time has not come. If she can obtain a little sleep or rest between the pains it is extremely desirable. Quiet and sometimes stroking the patient lightly with the hand or gently fanning her will aid this much more than constantly reminding her to go to sleep, which will almost certainly insure wakefulness. Every minute of sleep is a blessing only realized by those who have experienced it. We can not only save a woman's strength in this manner, but can give her a source of more strength in the shape of small quantities of food at short intervals. Even if it is occasionally vomited, some nourishment will be absorbed. Milk, the white of egg beaten up with a little water, Mellin's food, beef juice squeezed out of a rare steak, chicken soup, etc., afford a good supply of food which is likely to be retained and digested.

The dress must be so arranged that the outer clothing

can be removed instantly without difficulty. Have the nightdress folded up from the bottom to very near the armpits and securely pinned there with a safety pin; then fold a sheet or a thin blanket over a belt and wear this as a skirt. The belt must be so arranged that it can be readily unfastened. A skirt open on the right side and pinned to the nightgown for support can be substituted for the folded sheet and belt. Over this a loose wrapper can be worn if the woman is walking about. She will also need to have on warm stockings and comfortable slippers. An extra large napkin should be worn, but not pinned on very tightly.

A large enema (two or three pints) of warm castile soapsuds must be taken as soon as possible when labor has begun. A free evacuation of the bowels adds much to cleanliness later in labor, besides, an overloaded rectum presents some resistance to the passage of the child, and needlessly increases suffering. Toilet paper will not sufficiently cleanse the parts after a fecal movement; washing them with a cloth and drying them is the proper management. The use of this enema must not be neglected, even if the bowels have been loose, or have moved a short time previously. It is hardly necessary to say that all discharges must be at once removed from the room, as absolute cleanliness is essential to health. In case there is much constipation, and the fecal masses are hard and difficult to remove with water, use an injection of a tablespoonful of sweet-oil, a tablespoonful of glycerine, and a pint of warm water. Inject this very slowly into the bowel and press a folded napkin against the anus to assist the retention of the enema. In an hour the fecal masses will be

softened by the oil and glycerine, and a second large enema should be given to fully empty the bowel. Always warm and oil the nozzle of the syringe before introducing it. The movement from the bowels must be invariably over a chamber or sick-chair, and never over the water-closet during parturition. After the first stage of labor is completed, the patient must not, under any circumstances, leave the bed to attend to the calls of nature ; the discharges can be received in the bedpan or on cloths. Many serious accidents have happened from the unexpected birth of the child and neglect of the above precaution. Care must be taken to pass urine at short intervals to keep the bladder empty.

When the doctor desires to make an examination, the patient will do well to ask whether he desires her to lie on the back or side. In the former case, she will lie on her back near the edge of the bed, with her knees drawn up and eighteen inches apart, with only the sheet or blanket thrown over her. The nurse will always see that there is free access to the genitals beneath the bedclothes, that the parts are clean, soiled napkins removed, and a clean dry one tucked beneath the genitals. Few persons realize how very disagreeable it is for a physician to come in contact with filth and wet cloths in making a necessary examination. If the patient lies on her side, it must be the left one, with her knees drawn up on the body, and the hips near the left edge of the bed facing the head-board. The same details of cleanliness deserve attention, and a basin of warm water, soap, and towels should be at hand when the examination is completed. The doctor usually tells the patient after it how she is,

and seldom fails to have good news, encouragement, and a cheery word for her. A physician does not deserve his title if he fails at this trying time to give his patient earnest sympathy, hearty encouragement, and his warm assurance that all is well, if he can do so honestly. Some, however, fail to do so, not from lack of knowledge, but from a failure to appreciate its value to the patient.

The management of the second stage of labor differs materially from that of the first. The time has come when real help can be given to a woman, and also when she realizes that progress is being made. She feels the advance of the child. In the first stage the pains have been worrying and teasing her, making her cry out, but the change is rapid in character soon as the child progresses downward. The pains are now bearing down; the patient instinctively holds her breath, braces her feet, and contracts the abdominal muscles with every pain. The latter is more frequent and severe, but the feeling of progress helps to endure them. The bearing-down pain is so characteristic, that experienced accoucheurs will at once recognize the stage of labor and estimate its progress as soon as they enter the room, although it is a well-known fact that the arrival of the doctor often causes temporary diminution or cessation of the pains, especially in the first stage of labor. The patient must now remain in bed and not leave it under any pretext. The room should be kept at a temperature of 70° Fahr. It often seems much warmer to the patient, as her muscular efforts develop increased heat in her system. She will seldom care to have more than a sheet or a blanket over her, but if not protected at the time of

delivery, when frequently it is necessary to expose the genitals, she may take cold. To guard against this, fold a sheet or thin blanket three feet wide and lay it across the bed and over the patient's chest and body. Have plenty of napkins at hand to mop up the discharges, and keep the patient as clean as possible. Never leave soiled linen or vessels in the room ; such things should be removed at once.

There are two ways of helping a woman in the second stage of labor. The first way is to sit on the edge of the bed, and the patient lying on her back braces one knee against the shoulder of the person sitting there, who, in turn, takes her hands or wrists and pulls against her during a pain. If, however, she prefers to lie on her side, then she can seize one end of a twisted sheet which the second party holds over the foot of the bed. The woman's husband ought to be the one to pull at the end of the sheet or hold the hands. It needs strong muscles, and the doctor's strength should be reserved for other purposes if necessary.

The second way of helping the patient is to have her lie on her left side. Double up an old, thick pillow and place it between her knees to keep them well apart. This takes off some of the strain when the child is born. Press with the flat of the hand during each pain over the lower end of the spinal column low down in the beginning of the second stage, but when the head begins to bulge out the perineum a little, always press two handbreadths above the anus.

It is not to be supposed that this book and its directions are to impart all the knowledge on the subject :

but as it sometimes happens a baby is born sooner than anticipated, or before the doctor can reach the house, it is important to have an intelligent idea of the manner of delivering a child and what to do before the physician arrives. In the first place, and above all, keep cool; there will be scarcely ever any occasion for alarm. Remember the process is a perfectly natural one, and Nature has fortunately so ordained it that, in such cases of quick or unexpected delivery, there is seldom anything to do but let Nature take care of herself. At most, a few little things may become necessary which any one can do.

It is not always possible to prevent a laceration of the perineum, but if the following instructions are observed, many a tear will be prevented. If the child comes down so that the perineum bulges but does not yield, and seems rigid and dry, not allowing further advance of the head in spite of strong pain, then rub freely on it freshly melted leaf lard as hot as can be borne, and apply hot cloths to the perineum constantly. This often has a relaxing influence. Naturally, the head comes down during a pain and slips back after it, but with each pain it comes a little farther. This slipping back of the head is a favorable occurrence, and there is much less danger of a laceration if it does so, as the steady pressure of the head tends to make the tissues brittle. A great point in preventing a tear is to avoid as far as possible any sudden strain on the parts already stretched to the utmost. For this reason take special care to remove any support for the patient to brace against or to pull on. Warn her beforehand that when the head is low down, so that it can be

partly seen, that she must withstand the natural impulse to force out the child and take pains to open her mouth, cry out, or pant during a pain, and not contract the muscles. The parts are so numbed by pressure that laceration of the perineum, even when severe, is not felt by the patient. If the above precautions have been faithfully observed and, notwithstanding them, there is a tear, it must be sewn up by the physician as soon as the afterbirth is delivered.

Whether the mother lies on her back or side, the management of the birth of the child is the same. Nearly all children are born head first. The hairy scalp of the top of the head first comes into the world, and after a portion of it the size of a silver dollar is visible, the head is commonly born with two or three pains more, and it is with these pains especially that the mother must remain perfectly passive, not bear down in the least, and take care to cry out or pant. Soon as the head is born there is often momentary cessation of pain. This can be improved by quickly wiping off the child's face, especially about the eyes, with a clean napkin, placed previously within reach for that purpose. This hasty act requires but a few seconds, then, without any hesitation, as no harm can be done, pass the forefinger of the right hand up behind the child's neck and close to it to ascertain if the cord is around the neck. If so, there will be no difficulty in hooking the finger underneath the cord and drawing down a loop large enough to slip the cord from off the neck over the head, or, if this cannot be easily accomplished, loosening the coil of cord around the neck so that the shoulders can slip through the loop.

It is seldom that the cord is around the child's neck, and, if it happens, it is easily manipulated as just described. If left alone, it might interfere with the child's circulation enough to destroy its life before delivery. Both the wiping the face and feeling over the neck or pulling down the cord take but little time, much less than reading the description of it. Very soon another pain, *i. e.*, contraction of the uterus, comes on, and the child's head turns with the face a little toward one of the mother's thighs. The shoulders and body are often born with a single pain. During the time the child is being expelled, always support its head so that it will not rest and press on the tender flesh of the mother, and at the same time carry it directly towards the mother's feet and a little forwards toward her abdomen. This should be done with the right hand, while the left hand, on the abdominal wall, supports and follows down the shrinking uterus, which will be felt hard and firm like a small cannon ball. If this relaxes and softens under the hand, rub it, and the uterus will feel harder. This hardness of the uterus should be maintained till the binder is applied. If the person who delivers the child wishes to use both hands for that purpose, a second individual must support the uterus and follow it down outside as already described. When the child is born there is usually a single gush of bloody fluid and clots collected behind the child, which now lies near the mother's thighs. It sometimes happens that the bag of membrane enclosing the child has not been torn back from the head, so that if a thin membrane is seen over the child's face it must be immediately torn off or the infant will suffocate. No

possible harm can be done ; it is not adherent in any way more than a piece of paper would be in the same position.

As a rule the baby cries as soon as it is born. If it does not, blow vigorously in its face or on its abdomen. If there seems to be mucus or phlegm in its mouth, hook it out with the finger, and turn it over on its stomach head down to let the slime and mucus run out of the mouth and nose. Should it not cry then, sprinkle a little cold water on its stomach, or take cold water in the mouth and squirt it vigorously on its stomach; vary this with a warm-water bath. These simple measures seldom fail; but if then there is no crying or distinct breathing, hold the child up by the feet and spank it two or three times with light, quick blows on the buttocks, never on its spine. Other measures can be employed by the physician, but are very rarely necessary. The mother must remain perfectly quiet, and under no circumstances sit up or take part in these procedures. The cord is not to be cut till after the child has cried loud and strong, or till after the pulsation of the cord has ceased, unless the child has been born fifteen minutes. Have at hand three pieces of tape one eighth of an inch wide and six or eight inches long to tie the cord. Coarse white cotton string can be used as a substitute, but hemp string or thread of any kind will not answer the purpose. Tie the string around the navel cord tight in a square knot two inches or the length of your little finger from the navel; then tie the cord a second time in the same way four inches or twice the length of the finger from the navel. The third string is to be used

if either of the first two break. Now hold up the cord between the first and middle fingers on the knot first tied, and the thumb and third fingers on or near the second knot tied : this leaves the space between the two knots partly within the hand and protected by it, so that the child in kicking about cannot get a toe in the shears when the cord is cut. This is done by taking a dull pair of shears in the right hand and cutting half-way between the knots while the cord is held in the left hand.

After the cord is cut, wipe off the cut end belonging to the child and watch it a moment to see if there is any bleeding. If there is, apply another ligature more tightly to the cord so as to arrest the oozing. Remember that fine ligatures, like thread, cut through the blood-vessels of the cord and allow it to bleed. The baby is now to be wrapped in a warm woollen blanket and put in a warm place where there will not be a bright light in its face either from the sun or from the fire.

The management of the third stage of labor is quite simple. By this time the placenta will have come away of itself in most cases, together with some blood and clots. It should always be preserved for the inspection of the physician, and afterward should be burned in a hot fire with the dampers open. Sometimes it is born at the same time as the child, and is usually expelled soon after. Should it be retained more than fifteen minutes, take hold of the cord with a dry napkin and draw on it a little upward and a little forward, as it commonly happens that the placenta, or afterbirth, is expelled from the uterus and lies in the vagina. In this

case gently pulling on the cord brings out the placenta. Vigorous traction on the cord is not allowable and may cause much harm. Let the patient cough hard or blow hard on the back of her hand pressed close to her mouth, and let the doctor squeeze the hard uterus by the hand on the abdomen, and it will often expel the placenta, in addition to rubbing and pressing on the abdomen over the top of the uterus. There is no occasion for alarm if these simple measures are inefficient, which is rarely ever the case. There will be no harm in waiting for the physician, even if it be a couple of hours. The hand must be kept on the top of the uterus to support it, and to keep it hard by rubbing it a little when it softens and relaxes. Profuse, gushing hemorrhage continuing after delivery, enough to saturate three or four napkins immediately, has been known to occur. Under these circumstances, at once remove the placenta (afterbirth), as already mentioned, and slap the patient's buttocks smartly two or three times with a wet towel, so as to redden them, if she is lying on her side. This is often effectual, though it may seem harsh treatment. If it fails, or if the patient lies on her back, seize a quart pitcher full of ice water, hold it up three or four feet above her and pour it out in a stream the size of your finger, so it will fall on the bare skin of the abdomen, just below the navel. This will produce a shock which will make the uterus contract and stop the hemorrhage, and then stop pouring the water. The patient can be wiped dry after it, and a flannel blanket laid over her. Half the contents of the pitcher is generally sufficient to stop the flow of blood, and there need be no hesitation about using it for fear

of chilling the patient; there is far less danger of any harm from this cause than from a profuse, gushing hemorrhage. The treatment is simple, but almost always effectual, especially if the placenta is delivered.

When the third stage of labor is completed and the afterbirth is put one side for the inspection of the physician, remove all the soiled linen, wash the genitals carefully with a one in 3,000 mercurial solution made according to the directions on the bottle containing the mercurial antiseptic tablets, or a warm three per cent solution of carbolic acid. If the patient is on her back, simply let the flow run over the parts from a fountain syringe and catch the fluid underneath in the Eureka bedpan. Pick out the blood clots, if there are any, from the hair; gently dry the parts by lightly pressing on them a soft linen napkin or a gauze pad; then apply an ordinary gauze pad or napkin. The next thing to do is to fold a clean, warm sheet, three by four feet; lay the binder, half rolled up, across the middle and on the farther edge of the folded sheet, turn over and inwards the corners of the sheet; then, when one person raises the hips of the patient, some one else can quickly slip beneath her the folded sheet and binder at the same time, so that the latter will be directly under the hips, with the lower edge of the binder a couple of inches below the private parts. The patient, during this time, must lie straight in bed, either on her side or back, and not help herself in any way. The folded sheet is made smooth beneath her, its several thicknesses protecting the bed; then the binder is brought over in front, the lower margin being a little below the genitals. Draw the lower edge as

snug as the patient can bear without feeling hurt by it, and pin with a strong safety pin. Now draw the binder moderately tight and smooth, so there are no wrinkles, and put in another safety pin a handbreadth above the first. In the same way draw the binder quite tight just above the hip bones, and insert the third pin there. The last and fourth pin is put in at the upper edge of the bandage, which is left quite loose. Never place any pad or napkin over the uterus and under the bandage. A binder applied in this way will remain in place, be a comfort to the patient, and do something to preserve her form; though there is no such thing as forcing her figure to return to the same shape as before child-bearing, and unless the binder can be put on to stay in place, it is better left off. Whenever the binder is soiled it should be renewed. As a rule, a binder requires tightening once in five or six hours, and does very little good after the fifth day, though, if loose, it will do no harm if the patient derives comfort from it and prefers to wear it. Should the pulse be over one hundred beats per minute, the woman should be closely watched for any gush of blood or very profuse flowing from the uterus, in which case the treatment is as that described above. A little flowing, enough to make a stain the size of the hand upon a napkin, in fifteen or twenty minutes, is quite natural, and need cause no alarm. It ought to diminish considerably after half an hour. In nearly all cases the pulse grows more slow after labor is completed, seldom beating more than seventy times a minute. After the binder is applied, another fresh pad or napkin is pinned close, but never tight, to the vulva, and the bed cleansed as thoroughly

as practicable. Unpin the nightdress and draw it down over the patient. If it has been much soiled, put another warm one on her, not allowing her to sit up. If she is exhausted by a difficult labor, it is far better to let her rest twelve hours and gain strength even in soiled linen, from which she can be protected by tucking in warm, dry towels, than to tax her little strength by further effort.

This finishes all we can do for the patient at this time. The room should now be kept darkened and quiet, in order that she should rest and sleep. The further treatment of mother and child will be found in the chapters on "The Care of the Newborn Child," and "The Puerperal or Lying-in Period."

There remains for consideration the management of a case of labor when the feet or the buttocks (breech) of the child are born first. With the exception of the second stage of labor, the management of the case is the same as that just detailed. In the second stage, however, there is some difference. As soon as the feet or buttocks are seen, procure a physician as soon as possible, as the child is liable to be born dead, even with good care, when it is the first baby. Have the woman lie on her back with the hips raised on a hassock, or else lying partly across the bed with her hips over the edge and her feet in chairs, the corner of a blanket wrapped over each limb to keep her warm. Simply support the child as it is born, never pull on it, but have some one press hard down on the uterus through the abdomen, over the region of the bladder, as soon as the body of the child is born, lifting the latter at the same time upwards and bending it backward over the genitals when only the head remains to be delivered. Never

pull on the child or draw down the feet, they will take care of themselves; but when the body is down far enough to seize the umbilical cord, draw the cord downward and backward about three inches with the finger. If these directions are faithfully observed, most cases will be safely delivered. Of course there are many things a physician can do which others cannot from lack of training and anatomical knowledge. It is obvious that further instructions, applying only to very exceptional cases, would be out of place and misleading.

My reader may be surprised that there has been no reference to anæsthetics, those wonderful agents which give so much relief from pain in childbirth. While many agents are used, in ordinary practice either chloroform or ether, or a mixture of the two, is the common agent employed for relief from pain. The former will ever be associated with the name of Sir James Simpson, who introduced it in spite of vigorous opposition at the time by both clergymen and physicians. It is more easily taken and has a more rapid effect than ether, which is equally safe but not so pleasant to take; neither should ever be employed in domestic practice, or by any one but a physician. Both commonly prolong labor by lessening the severity of uterine and voluntary muscular contraction. Women who are predisposed to hemorrhage after childbirth — an exceedingly rare condition — ought not to take either of them. In an extensive experience with various anæsthetics for labor, I prefer, for ordinary cases, what is known as the A. C. E. mixture, one part of chloroform, two of alcohol, and three parts of ether. This has answered the purpose in every way, and I have never seen any harm from it.

By giving it in a suitable manner in the latter part of the second stage of labor, my patients have felt very little pain, and yet have retained consciousness all the time. The method is simple, merely sprinkling a few drops on a handkerchief and smelling vigorously of it the moment the pain is felt approaching, and removing the handkerchief as soon as the pain diminishes.

An anæsthetic must not be given till near the close of the second stage of labor. Not only is labor prolonged by it, but the anæsthetic will be conveyed to the child, which may not cry so quickly after it is born. I prefer ether for all cases requiring an operation. Chloroform is more likely to be followed by hemorrhage than ether.

CHAPTER VI.

THE PUERPERAL OR LYING-IN PERIOD.

THE diet of a lying-in woman has much to do with a good recovery. Formerly the diet was much restricted for a considerable period, but modern medicine has exposed the fallacy of such treatment and shown the importance of giving the mother as much simple, nourishing food as she can digest, and in this way build her up and restore strength and vigor. A severe labor exhausts the entire organism; both the muscular and nervous systems are weakened. The stomach and digestive functions are no exceptions to the rule, hence the necessity to give easily digested food at short intervals to avoid overtaxing or overloading the stomach. As soon as nourishment reaches and supplies the innumerable cells making up the organism, the latter is strengthened, and correspondingly can perform all its functions to better advantage. The stomach can digest more hearty food, which in turn can be supplied in greater abundance to the system, which is not only replenished but is enabled to carry on the processes of growth and the removal of waste or dead matter within itself. This is the principle to follow in prescribing the diet for the sick woman. We can hardly call her sick under ordinary circumstances, as the term "sick" implies disease. In this sense she is not a sick, but rather a well woman in a prostrated condition. While this is

really of a physiological, *i. e.*, natural character, it must never be forgotten that slight imprudence easily tips the balance, and from being a well woman she easily becomes very dangerously sick.

In the first twenty-four hours after delivery hot water or toast water to drink, all she cares for, milk and thin oatmeal gruel, very thoroughly cooked, can be taken, half a teacupful at a time, once in two hours. Never disturb her when sleeping quietly : wait for her to wake, and then give the milk or gruel. A feeding cup or a bent glass tube is convenient for this purpose, but not necessary.

The second day after childbirth the amount of milk and gruel can be increased if it has agreed previously with her. Very weak tea and dry toast, Mellin's food, Imperial granum, a white of egg beaten up with an equal amount of water or malted milk, can be used equally well.

The third day commonly marks the time when the milk comes into the breasts, which puff up, and rushing sensations in them or little fine pains are often experienced. This is sometimes attended by chilliness and a little fever, called milk fever, which disappears when the flow of milk is established. Milk toast can be added to the previous dietary.

The fourth day is usually a much more comfortable one for the patient. All signs of fever probably will have subsided then, and, in addition to the articles of food mentioned, she can take to advantage Reed & Carnick's beef peptonoids, three tablespoonfuls, in the course of twenty-four hours. This is not always at hand, and mutton broth with a little rice in it, or

chicken soup made from a fowl not less than one year old can be substituted with excellent advantage. The fat should be removed from the broth or soup by allowing it to cool and then reheating just before giving it. The fowl is preferable to chicken for making broth, as the flesh is more mature and supplies more nourishment to the broth. As the preparation of this soup sometimes causes much trouble at a time when the mistress of the house is unable to give the matter any thought, and also when servants often cause trouble or are unable to prepare it properly, I have recommended Biardot's Franco-American chicken broth or soup, as prepared for invalids, and sealed in glass jars: the broth is a little more delicate and not quite as strong as the soup. It has always given much satisfaction to both my patients and myself. The pulp of a few sweet grapes is also allowable at this time. As the patient can eat more in quantity without discomfort, it is not necessary to eat as often: once in three or four hours will be sufficient after this day.

The fifth day after delivery, if all goes well, a woman can, in addition to the foregoing, eat a little from the breast of a bird, or chew a mutton chop or a piece of steak, swallowing only the juice. If she should happen to swallow some of the meat fibres it would do no harm; raw oysters, stewed prunes or figs, the pulp of a baked sweet apple, or a part of a very ripe peach can also be eaten as fruit. Sour fruit of any kind must not be eaten on account of affecting the milk in the breasts. After the fifth day meat, mealy baked potatoes, eggs in various forms, and egg-nog with sherry, if need is felt for a mild stimulant, are all

allowable. In beginning any new article of food about which there is any uncertainty, use only a small quantity at a time. Do not try to eat articles of food at this time which are known to commonly disagree with the stomach. Beans, cabbage, or onions, and sometimes potatoes must not be eaten, as they affect the milk, and make the nursing baby subject to wind colic. Acid food or drink also affects the milk, and must not be taken.

There is far more than people think in serving food so as to tempt the appetite. This is particularly true under these circumstances, when the exhausted woman with, perhaps, a weak stomach at best, is offered food. Let the odors of the kitchen permeate the chamber ; bring on at one time a comparatively large quantity of food, even if ever so well and delicately cooked ; serve it in common dishes ; omit the little luxury of a fresh, clean tray-cloth and napkins : allow the attendant to approach with unclean hands or untidy dress, tasting, perhaps, to see if the broth is not too hot, and using the spoon provided for the patient,—and there are few women who are not forced to turn away in disgust, or lose the little appetite with which, under proper management, the meal might have been eaten with genuine relish.

Strive to adopt the following suggestions : keep all kitchen and cooking odors from the chamber. Do not tell the articles of food before it is brought in. Serve it in small quantities, with as pretty china or dishes as circumstances permit, and always with fresh, clean napkins, tray-cloth, and scrupulous neatness of the attendant. Bring it in fresh, hot, and appetizing, and

then never blow the broth to cool it, nor taste to see if it is properly seasoned. The patient can do this quite as well for herself, and with more relish for the food. Let the food be fresh, rather than salt, as the latter can be readily added to suit her taste. There is a real knack in arranging a tray daintily, perhaps adding a sprig of green or a flower, so as to tempt a delicate appetite, and always remove the tray at once when the meal is finished.

Absolute rest and the utmost quiet should prevail. Darken the room to favor sleep. Watch closely for any draught of air which may blow over the bed. I have found the following ventilation very efficient and satisfactory : Take a piece of one half inch board twelve inches wide, and cut it off just long enough to fit tight in the frame of the window, its lower edge resting on the sill ; a strip of felt can be tacked on the ends to prevent scratching the woodwork. This board should be an inch or more in front of the sash ; then raising or lowering the sash regulates the amount of air in the room, which must enter in an up and down current about the window, and cannot blow directly in the room as long as the lower edge of the sash is below the upper edge of the board. All visitors, even members of the family, must be excluded from the room ; only the doctor, nurse, and the husband for a few minutes, should be allowed to enter. If the baby cries much it should be kept in another room, so as not to disturb the much-needed rest of the mother. Under no circumstances is the lying-in woman to rise from the bed before the proper time, or even to sit up in bed. In both there is danger of dislodging a blood clot, which might enter the circulation

and cause instant death, besides the risk of catching cold, which too often is the cause of a serious illness. The chill just mentioned must not be confounded with the sensation of cold within a few minutes after the child is born, which is quite natural, due, partly, to loss of animal heat from within by the birth of the infant, and partly by the cooling of the skin by evaporation of the perspiration, and heat not being produced to the previous extent by muscular energy. Except as she needs a change, it is better for a woman to lie well over on either side than on her back.

Take pains to keep the wrinkles out of the bed as well as crumbs of food, which chafe the skin and disturb the comfort of the lying-in woman.

The urine is more abundant after labor, but, as the impulse to pass it is very feeble, never wait till the woman expresses a desire to pass water, but invariably make it a rule to pass urine once in six hours: neglect to do so may result in inflammation of the bladder. The sound of running water or hot, dry flannels laid over the bladder will sometimes aid micturition. Should these measures fail, the doctor will be obliged to introduce the catheter, and before this is done the external genitals must be cleansed with great care, especially about the water passage between the labia, or lips.

Constipation is of common occurrence during the latter part of pregnancy and in the lying-in period. If the bowels have not moved on the third day after delivery, I am accustomed to order an enema. First, a small injection of a tablespoonful of oil, an equal amount of glycerine, and rather less than a pint of

water stirred well together and injected very slowly into the bowel. This enema softens the fecal matter and is really preparatory for a second large one after a few hours, of lukewarm water, which will be unnecessary if the first enema causes a free movement. Freely eating of fruit, avoiding that which is very sour, is excellent to promote evacuations from the bowels. *Collinsonia*^{2x}, a dose once in four hours, is a good remedy for constipation at this time.

Piles are a not uncommon and distressing accompaniment of severe and protracted constipation. Securing free evacuations from the bowels are essential to cure. Equal parts of *Hamamelis* and *Aesculus hip. cerate* make an excellent ointment to be applied freely night and morning. *Aesculus hip.*^{2x}, *Aloes*^{3x}, and *Nux vom.*^{3x} are the important remedies. Begin with the first and take a dose once in three hours. If not better in four days, take the second remedy in the same way, more especially if there is a sense of bearing down in the rectum, bleeding, and the piles protrude like a bunch of grapes. *Nux vom.*^{3x} and *Collinsonia*^{2x} are also most useful remedies for piles, and are to be taken, like the other remedies, once in four hours.

Cleanliness is of the utmost importance in caring for a lying-in woman, and special attention should be given to every detail about the person and everything coming in contact with her. The skin acts more freely than usual, and the profuse perspiration is often very uncomfortable. A warm sponge bath can be easily given two or three times a day, according to the amount of perspiration. Take pains to have the sponge or cloth squeezed dry enough to avoid dripping and

wetting the bed or clothing. Sponge a small place at a time, and dry it at once with a towel. A little aqua ammonia in the water makes it more refreshing and helps to clean the skin. Alcohol, bay rum, or sea salt can be added to the water instead of the ammonia, if the patient prefers, but the latter is more cleansing.

After the morning and evening bath has been given, I advise a small vaginal douche, though the opinion of the attending physician ought to be asked first. Buy an ounce of the crystals of permanganate of potash. A very few of these crystals mixed in two quarts of lukewarm water will be sufficient to color it a light red, *i. e.*, wine red color. If the labor has been difficult and the parts are much bruised or lacerated, add a tablespoonful of the aqueous extract of calendula to the two quarts of water colored with the permanganate of potash as mentioned above. Stir well and use it for a vaginal douche, taking care to move the nozzle of the syringe freely about in the vagina so that the vagina will be washed out thoroughly. This douche should be given twice a day for the first five days, and longer if the vaginal discharge is profuse (four napkins a day well soiled), or if it smells badly. When the lochia becomes scanty, a douche in the morning is sufficient and should be continued till the discharge ceases.

A fountain syringe is the best, taking special care there is no hole in the centre of the end of the nozzle and to let the fluid run through a little to expel the air before introducing it within the vagina.

The external genitals always must be washed before giving the douche. A good way to do this is to allow the tepid water to run over them while the patient is

on a bedpan. The Eureka pan is the best for this purpose and for this form of vaginal douche. Warm it before using and empty it directly afterwards. Make it a rule always to scald it with hot, fresh permanganate of potash solution, and wipe it dry with as much care as if it were to be put away for a year. Remember, that attention to all these details is of immense value to the patient and does much to aid her recovery.

After the douche, if there has been any laceration of the perineum or abrasion of the skin, as is often the case, I have found the use of calendula cerate rubbed gently and freely on the parts and within the orifice, smearing it thickly over any injury, is of great service in promoting healing, and preventing the lochia or other discharges from irritating or poisoning the wounded places. If the patient is not too tired after these manipulations, rubbing her all over with the flat of the bare hand from the hands or feet toward the body is very refreshing; some ladies like to have the hand of the attendant use a little alcohol in rubbing, which produces a cooling sensation and will do no harm. Avoid much friction on sore places and *never* rub a milk leg.

In washing the patient's face and hands, the nurse must see that her own person is clean and tidy, as well as the water, sponges, soap, and towels, and take care not to fill the eyes with soapsuds. After the bath, brush out the patient's hair nicely and do it up in two braids, then the hair on each side of the head can be brushed and braided without raising the head. A towel laid over the pillow at this time adds to the neatness of the bed.

The napkins or pads must be changed whenever

soiled much, and always be fresh night and morning. They need to be pinned on snug, but not tight, as the flow would then be obstructed. The nurse must examine the napkin every hour for six hours after delivery to see that the patient is not flowing too fast. If she finds that the stain is the size of her hand within ten minutes after the napkin is applied, the flow is too profuse and the doctor must be notified. Always remember to tell him the number of napkins soiled in twenty-four hours, if much or little; if there has been a sudden cessation of the discharge; if it is very offensive; if the patient has had a chill or fever, sweat very profusely, or been much exhausted. Never allow soiled linen to remain in the room, or filth of any kind. Burn the pads, and at once remove and scald any utensils which have been used.

The lochia are the vaginal discharges after labor. During the first three days they are quite red, being nearly pure blood. After the third day the discharge gradually loses color; after the fifth or sixth day it has a creamy character, and after the tenth day becomes a greenish watery discharge.

There is only one really good rule to go by in allowing the lying-in woman to sit up for the first time. No definite day can be given, except that very few women ever should be allowed to leave the bed before the tenth day. The fact that some women do so is no reason that it is best for them. The correct rule is this: not to sit up before the uterus has shrunk so that it is low down and within the small pelvis, and to return always to bed for a couple of days if sitting up causes a reddish flow from the vagina.

Anatomically speaking, the uterus returns to its ordinary size in six weeks, always remaining a little larger than in the virgin state. Practically, however, it requires three months of good care before a woman is herself again, even with the best of care and careful nursing. A husband does a great wrong to his wife if he subjects her to coitus for at least six months after the child is born.

The idea is prevalent that a nursing woman cannot conceive, probably because the menses do not often return for six or eight months, or perhaps a longer period. If she does not nurse her child, the monthly flow usually appears on the third month. The popular opinion mentioned above leads many women to nurse their children too long for the good of either, in the hope of avoiding a dreaded conception, and on the other hand marital relations are sometimes carried to an extent seriously endangering health, at the very time when a woman's sexual organs require rest to recuperate. It may be well to state here that nursing offers no immunity from conception, as many a woman has learned to her sorrow. Could the secret and unwritten history of the life of many a suffering woman be known, it would be a revelation of the cause of her trouble, which often remains a secret known only to herself and unsuspected even by her husband.

After pains are sometimes very distressing, and are caused by the contractions of the uterus to expel blood clots collecting within it, consequently these pains resemble labor pains on a small scale. They seldom occur after the birth of the first child and are very common after subsequent labors. The pains occur at

intervals, commencing soon after the child is born, and usually cease on the third or fourth day. Pain in the abdomen, beginning for the first time on the second or third day, is due always to some other cause, demanding the careful attention of the physician.

Therapeutics.

Arnica^{3x}.—A dose once in three hours is an excellent remedy to take after delivery. It modifies the after pains and hastens recovery from the soreness incident to labor. Severe after pains returning when the child nurses.

Secale cor.^{3x}.—A dose once in two hours, if the after pains are long and severe like labor pains, and the patient does not like to be covered, although she may be cold.

Cimicifuga rac.^{2x}.—Once in two hours, after pains are felt, especially in the groins, if the patient is very sensitive and also has nausea and vomiting.

Chamomilla^{3x}.—A dose once in two hours, if the after pains fret and annoy the patient, making her very cross. Under such circumstances the pains are apt to be sharp and pinching in character.

It is impossible to remember all the little details which may occur and report them to the physician. For this reason I am accustomed to direct the nurse to take a sheet of foolscap, or some large piece of paper, and draw a few parallel lines down on it and write at the top the date and above each column the points to be mentioned beneath it. The following will give an idea of such a sheet and a partial record : —

MAY 15, 1890.

TIME.	PULSE.	TEMP.	FOOD.	MED.	URINE.	SLEEP.	NURS'G	REMARKS.
9 A. M.	75	99°.8	Kind and Am't. 1 cup of gruel.		Feces. Napk's.	1 hour.		Had a comfortable night, but complains of some pains in the bowels.
10 A. M.				x				Feels better since having a free evacuation from the bowels.
11 A. M.			$\frac{1}{2}$ cup of milk.		Cha'g'd Napk's.		20 minutes.	
12 M.				x	Bowels moved.	$\frac{1}{2}$ hour.		

In this way the entire record of a case can be kept, and nothing escape attention which might benefit the patient.

The breasts often need more attention than is given them, till, perhaps, it is too late, and much needless suffering is the result. The preliminary care given them, as described in a previous chapter (page 207), is sufficient till after the milk has appeared in the breasts and the child nurses more vigorously and more often. The proportion of tannin to one ounce of brandy or glycerine is twenty grains. Have the druggist prepare it in a bottle, with a camel's-hair pencil through the cork, just like collodion. Apply it with the brush and let it dry on and about the nipple. It is much neater than using the fingers. The secretions are apt to soften the superficial cells on the skin, which in turn is sucked off, so to speak, by the child, and sore nipples result. No one has any idea of the pain caused by an apparently minute fissure or abrasion, except those who have suffered from it. Never allow a child to nurse intermittently for a long time and go to sleep with it in the mouth. This softens the nipple and is a common cause of abraded or

fissured nipples. These, in turn, are by far the most common cause of abscess of the breast, known in common parlance as "broken breast."

Many women fail to appreciate the importance of observing strict regularity in nursing infants from the very beginning. The child should be put to the breast every four hours after delivery till the milk comes. It is true, the child obtains but very little, not much more than the meconium, the creamy-looking fluid which collects during pregnancy. This has a slight purgative action, and is all the child's system requires. This nursing, however, is very beneficial to the mother. It promotes good contraction of the uterus, acts as a preventive against hemorrhage and also after pains, though sometimes it causes quite painful contractions of the uterus. This is a good sign and far from the evil a woman is apt to ascribe to the nursing. After the milk has come, nurse the infant regularly every two hours in the daytime and four at night. Omit the hours between twelve and four; this period can be gradually lengthened so as to give a fairly good night's rest to mother and child. An hour in between is bad, as the infant becomes accustomed to it, will not give it up, and for months the night's rest is disturbed, which would not be the case if a right beginning had been made. As the child thrives and grows older the intervals of nursing can be prolonged, but very regular hours ought to be observed invariably from the very first nursing. A healthy infant nursing vigorously will empty a breast in fifteen minutes, and should then be removed. Both before and after nursing the nipple should be washed in clean, lukewarm water and carefully dried. Short

nipples can be drawn out with an ordinary clean clay pipe, or by heating an empty bottle and applying the mouth of it over the nipple, as the bottle cools the nipple is drawn up in the neck. Care must be exercised in removing the bottle so as not to cause pain.

Cracked, abraded, sore nipples can only be healed with certainty in one way, and in very many cases only by this way, *i. e.*, the cessation of nursing. This, however, is often very undesirable, and the welfare of the baby makes it all important to heal them if we can without interrupting nursing. The latter act not only softens the skin but tears open the cracks and sore places as fast as they can heal. A nipple shield will protect the skin to some extent, and I have found Needham's nipple shield the most serviceable of any. The shield must be carefully cleaned each time after using, and kept in cold water. Wet the inner surface before applying it, and draw the milk into the nipple before the child takes it. Rubber is liable to have a little taste very objectionable to some infants. If the rubber is very thoroughly washed when first bought, vigorously rubbed in some spirit and again washed, infants are less likely to object to it.

Painting the nipple frequently with the white of an egg and allowing it to dry is a good remedy for mild cases. For very sore nipples a cloth wet with Goulard's extract and kept on the nipple between the intervals of nursing is an excellent application, but thorough washing of the nipple is very necessary before each nursing. Calendula extract is also a good application. *Silicea*^{5x}, a powder, once in four hours, is a good remedy to take internally. Other applications and medicines should be left with the physician.

Caked breast, as it is commonly termed, is due to the collection of a surplus of milk in some portion of the breast. While this is generally due to the milk not being drawn out, do not imagine the case can be cured by that pernicious instrument, the breast pump, which is often responsible for an abscess developing later. It uses too much force, and milder treatment must be employed if the breast is very much distended and painful. The hot-water bottle can be tried as mentioned above, or the nurse or husband can draw out the milk with their mouth. It is not necessary to draw out all there is, only enough to relieve the tension. Caking of the breast expresses the condition as it feels when the hand is passed over it. The entire breast may feel hard, or only in places which are sore and tender. These can be manipulated to advantage by any one with a soft hand and a gentle touch, using either camphorated or sweet oil. Support the breast gently with one hand, while the flat surface of the other hand strokes the breast gently from the circumference round toward the nipple. This should be gentle enough to avoid all actual pain. It stimulates the circulation of both the milk and blood, and after half or three quarters of an hour the cake will be found softer or perhaps cannot be felt. This manipulation should be repeated four or five times a day, but with great care not to excite inflammation.

Another way to relieve caking of the breast, which is to be employed with other treatment, is to prevent the production of milk as much as possible. This is best accomplished by drinking very little fluid, eating toast and a little gruel instead of milk, avoiding all preparations of malt or malt liquors, and when milk is

drawn from the breasts, only taking away enough to relieve painful tension, as emptying the breast stimulates further secretion of milk. Supporting the breasts in slings and packing cotton wool around them often bring a sense of relief.

These measures are commonly quite sufficient, together with the remedies mentioned below. Sometimes it is absolutely necessary to dry up the milk entirely. Then, in addition to the above measures, mix nearly equal parts of pure, genuine beeswax (not the refined) and olive oil, the latter being a little in excess. These readily mix on heating, and form a thick ointment. Spread a thick layer of it on a round piece of linen six inches in diameter with a little hole in the centre for the nipple. Apply this to both breasts and let it remain for twenty-four or forty-eight hours or even longer, according to the effect desired. It can be changed once in twelve hours, and the breast wiped dry from the perspiration which will accumulate. If entirely drying up the milk is desired, the continuance of this treatment will surely accomplish the object; but if, as in abraded nipples, a small abscess, or an excessive production of milk, only a diminution of the secretion is aimed at, then the application of this plaster for thirty-six or forty-eight hours is usually sufficient. I learned the value of this treatment as one of the medical officers in the famous Rotunda Hospital in Dublin, and for some years since that time I have tried it without fail in a very large number of cases. When the breast is full and painfully distended, either from an excess of milk, caking, or inflammation, it should be supported by a large silk

handkerchief with the corners tied over the back of the neck.

Therapeutics.

|| *Bryonia* is an invaluable remedy for simple caking of the breasts. I seldom have any use for another medicine in connection with the above treatment. Give a dose of the third decimal preparation once in two hours.

| *Phytolacca* is only inferior to *Bryonia*, and to be used in the same way in the second decimal dilution.

Belladonna^{3x}, once in an hour and a half, is preferable if there are, in addition to the caking, sore lumps in the breast which ache and throb and have a little blush of red on the surface; such a state points to the commencement of an abscess.

Broken breast or abscess of the breast is an excessively painful affection. It is most commonly due to an infection originating in a fissured or cracked nipple, but is also caused by using the breast pump, by taking cold, and by endeavoring to force the swollen breasts into tight corsets. It may develop at any time, but is most frequent at the latter part of the second week or at the beginning of the third. Some lump in the breast becomes painful, reddens, protrudes, and finally opens, discharging matter. These should be treated by a physician. In severe cases it is necessary to wean the child; even nursing from the well breast will irritate the diseased one. The treatment given for a caked breast as detailed above is also the best for this affection in its early stages. If, in spite of this, the redness and pain increase, then give a dose of *Mercurius vivus*^{3x} every two hours. If this fails to create any improvement in

twenty-four hours, and the pain increases with throbbing, then, and not till then, apply a thick hot linseed meal poultice, changed as often as it becomes cool, and give *Hepar sulphur*^{3x} every two hours. This will rapidly bring the abscess to a head and make it break, if the physician does not think it advisable to open it. As soon as it has discharged, stop entirely the poultice and the *Hepar sulphur*, and apply a piece of oiled linen or soft thin flannel; then give a dose of *Mercurius viv.*^{3x} once in four hours. If the abscess is slow in healing, wash out the cavity daily with a wine red solution of permanganate of potash, and take care to keep the abscess open on the surface by bits of boiled white embroidery silk tucked in the opening till the abscess has healed from the bottom. Meanwhile, give a dose of *Silicea*^{6x} and of *Phosphorus*^{4x} every two hours alternately.

While the attending physician will be familiar with other modes of treatment which may be advisable in exceptional cases, I am convinced that this one will give by far the best results for the majority of cases and especially for those in domestic practice.

Sometimes the milk is very scanty, too little to supply the child with nourishment. A liberal diet and the use of malt liquors may increase the secretion of milk, but it is often of poor quality and, in the majority of cases, attempts to increase the quantity and quality of the milk are failures. The quantity may be increased, but the quality will be poor as shown by a chemical analysis, and not enough gain in weight. (See chapter on "The Care of the New-Born Child.") A dose of *Sulphur*^{6x} once in four hours is sometimes helpful.

If, after a week, the amount of secretion has not increased, try *Agnus castus*^{3x}, a dose once in four hours. Further treatment, or the application of electricity, which is seldom of any use, should be left to the medical attendant.

Milk leg, also known among medical men as phlegmasia alba dolens, has no connection with the milk whatever, though old-time fallacies have given it that name. This disease seldom begins before the second or third week after delivery, and is commonly preceded by neuralgic pain in one or both limbs as they are likely to be affected. If the disease begins in one limb, it often goes to the other limb as the first one gets well. This affection is characterized by extreme tense, white swelling of the entire limb, which feels to the patient like a wooden leg. The disease is a very slow one, always requiring some weeks before it is safe to use the limb, from the danger of recurrence. It is not dangerous to life, but the leg is often weak for months and, in many cases, never fully regains its former condition. Patience, and rest with the limb in an elevated position, are the two great remedies. One thing in particular must be always carefully avoided : *never rub or massage the limb*. *Pulsatilla*^{3x} and *Hamamelis*^{2x} are the chief remedies, a dose four times a day, using each remedy four days at a time.

Puerperal fever, childbed fever, septicæmia, and blood poisoning are only different names for essentially the same disorder. It is possible for the fever to begin at any time during the lying-in period, but with very few exceptions it commences with a severe chill forty eight hours after labor, followed by fever which during

its course is usually worse at night and better in the morning. Headache is not uncommon, otherwise pain is seldom experienced. Profuse perspiration, prostration, and apathy are common symptoms. The milk dries up, the lochial flow becomes offensive and not infrequently ceases. Delirium is sometimes present in severe cases. Slight chills about the third day occur often when the milk flows into the breasts, and a little fever may be present from slight absorption of the discharges in torn places in the mucous membrane, but its mild and transitory character readily distinguishes it from the serious disease under consideration.

Childbed fever is often fatal, and if a woman recovers from it, sterility or some serious disease of the pelvic organs not uncommonly follows as its direct result.

The cause of this disease is invariably infection, *i. e.*, inoculation of patient from some contagious disease, erysipelas, pus, or decaying matter. It may be from physician, nurse, clothing, instruments, etc. A patient does not inoculate herself, and the disease is not the result of taking cold as is often maintained and apparently confirmed by the fact of the chill which was really due to the poisoning of the system. It has been repeatedly proven that the most exacting cleanliness of everybody and of everything in contact with the patient will certainly prevent childbed fever.

The disease is far too serious for domestic treatment. Vaginal douches twice a day, an abundance of nourishment and stimulants for some cases, are of great importance.

CHAPTER VII.

THE CARE OF THE NEW-BORN CHILD.

A CHILD which has been carried the full period of pregnancy weighs on the average seven and a quarter pounds, and is eighteen inches long; the finger nails are well formed and project a little over the tips of the fingers; the body appears plump, pinkish, well nourished, and the child has a loud, vigorous cry.

If labor has been very difficult, the head is often elongated and rarely may show depressions or marks of compression from contraction of the pelvis or instruments; in the latter case, paralysis of some of the facial muscles may result from compression of some nerve trunk. The head very often has a soft swelling on top, looking as if it had been bumped. These several conditions may appear quite alarming at first to anxious parents, but a very marked improvement will be observed on the second or third day, and in a week all signs of them usually will have disappeared.

After the toilet of the parturient woman has been completed, the baby, which has been kicking in a blanket on some easy-chair or other warm safe place, deserves our attention. Its body has on it more or less of a thick, white, greasy looking substance, more abundant in the groins and on the back. Soap and water will remove it only with some difficulty and considerable rubbing; in fact, requiring too much

scrubbing for the delicate skin of a new-born child. Soap is too irritating, and the use of a water bath too often causes snuffles, *i. e.*, a cold in the head. How shall the baby be cleaned? The simplest and best way is to anoint the baby freely with warm sweet oil or fresh lard and rub it in thoroughly but lightly where the greasy substance, called the vernix caseosa, is most abundant. After this wrap the baby up in a warm flannel blanket and gently rub the body with the flannel. This will clean the skin very nicely. If a little of the greasy substance happens to be left, it will dry up and scale off without any harm, and the skin might be injured by vigorous attempts to clean it. Lukewarm water and a soft sponge or linen cloth can be used for the face of the child, taking pains to separate the eyelids and to allow pure, lukewarm water to trickle over the eyes and cleanse them. This washing of the eyes is very important and should be performed carefully, as secretions are sometimes retained in them which cause acute inflammation and loss of sight. Any sticking of the eyelids, secretion, and especially swelling of them, demands the immediate attention of the physician. It is hardly necessary to state that soapsuds must never be allowed to enter the baby's eyes, as sometimes happens from careless bathing.

A baby should be bathed twice a day in summer and once a day in winter. Following a certain method in bathing a baby is of considerable importance. It adds much to the comfort of the baby and takes less time. Many a baby cries in his bath because the room or the water is too cool, or because the nurse is too long about

it and he becomes chilly. A baby often cries at night because it is not warm enough. The room during the bath should be warm, 75° to 80° F., and the windows or doors admitting draughts of air must be closed. Ordinarily the temperature should be 68° F., and not vary more than three degrees above or below it night or day for some months. The temperature of the water should be 90° F. in the tub measured by the thermometer every time just before the baby is placed in it. Be sure that everything is at hand before the baby is disturbed; lay out the little clothes aired, warmed, and arranged together so that the infant can be easily and quickly dressed in fresh clean clothing; nor should the powder and puff be forgotten. Use very little soap on a baby's skin and only old, white castile soap. A child bathed once or twice every day is not soiled enough to use soap except at rare intervals. Do not have the infant's eyes face the sunlight or the glare of an open fire. Finally, when all is ready, the foot bath-tub and water in front of you, the toilet articles, a soft flannel blanket and a soft linen towel to your right, the clothing to your left ready to dress the baby without delay, and having selected a low chair to sit in, you can take baby on your lap, undress him quickly, lay him at once on his back in the bath-tub, supporting his head with your left hand so as to keep the face out of water. Splash and rub the water over the chest and abdomen, then over the arms and hands, and lastly over the legs and feet; give a little extra attention to washing the flexures of the thighs. The next step is to turn the baby over so as to support its head and chest in the palm of the left hand, while the right hand

bathes the head, neck, and back of the baby. All this should be done quickly but not slightly. The baby is lifted from the tub into the lap, rapidly dried with the soft linen towel and a soft woollen blanket wrapped around him. The nurse can now sponge the face, if necessary, clean the eyes if they contain any secretion by gently holding the lids open and allowing a little water to trickle into them from a sponge, and always wash out the mouth with pure cold water and a linen rag over the end of the finger. If there is the least disposition to chafing of the skin, now is the time

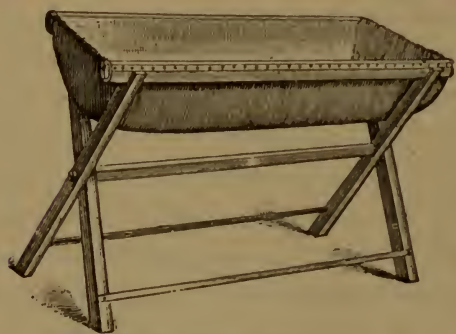


FIG. 20. Folding Bath-Tub.

to powder it quickly with the puff. If the ordinary rice powder does not help the chafing, use English fullers' earth. The baby is then dressed and placed in the crib.

I would especially emphasize the importance of a warm room, warm water, careful preparation, and rapid work.

Some children are afraid of the bath-tub. These can be sponged off and given a mere immersion to rinse them in the tub. The folding bath-tub is more convenient in some respects to use and softer for baby than the ordinary tin bath-tub. Any carpenter can make it easily. The legs are an inch and a half square and thirty inches long, crossed and pivoted on a central bar. The side bars fastened on top of the legs are one by two inches and three feet long; smaller strips join the legs near the bottom. Take a piece

of heavy rubber cloth a yard and a quarter long and thirty inches wide, with an inch wide hem at each end. This hem is used as a casing for a strong braid on which the rubber cloth is gathered back to eighteen inches with a plait in the cloth at each corner. This makes the ends of the tub. Fasten the braid securely to the ends of the wooden frame, and tack the sides of the rubber to the side bars of the frame with long, round-headed brass tacks, and the tub is complete. The tub can be folded up when not in use, and may serve as a temporary crib with a folded blanket in the bottom, so that it does not lie on the rubber.

When the infant is cleaned by its first bath of sweet oil, the cord is to be dressed, taking care to notice once more that there is no bleeding from the cut end. The simplest and best dressing is to wrap a layer of dry, clean absorbent cotton around the cord, and then lay it flat upward on the abdomen and a little toward the right side. If there is no absorbent cotton at hand, use a piece of clean white linen three inches square, with a hole in the centre for the cord to pass through, then fold the linen around it and place the cord as stated above. The cord dries away and drops off on the fifth day as a rule. If there is no offensive odor or chafing, the dressing need not be renewed. If it has to be removed, soak it off with lukewarm water without disturbing the cord.

If the navel is red and a little sore after the cord drops off, wash it with weak castile soapsuds night and morning and dry it carefully with soft linen. Then smear thickly *Calendula* cerate on a small piece of clean linen and apply it to the sore place. If the navel is

merely red without any secretion, do not wash it or use the cerate more often than every other day. Powdering the place with a little rice starch, or, if it cannot be obtained, cornstarch prepared as follows, will be sufficient : mix enough starch and alcohol in a saucer to form a thin paste. Let the alcohol evaporate, and use the powder. If the surface is a little red and only a trifle moist, the following powder will be preferable to the one just mentioned : equal parts of powdered starch and nitrate of bismuth with oxide of zinc, one eighth of the entire amount. The navel sometimes pouts out and protrudes ; this may be the beginning of a hernia. Stitch a two-cent piece or a quarter of a dollar in the bellyband and put on the latter so that the piece of money will press on the navel and keep it in place.

The bellyband is of little use after the cord has dropped off, and may do serious injury when put on tight. Then, whenever the child cries, the abdominal pressure is transmitted to the inguinal rings, and hernia or rupture not uncommonly ensues. Always make it a rule to have two fingers slip easily under the band when it is applied. The idea that the band is necessary to support the abdominal walls is wholly false. Nature is by no means such a poor workman as some people would have us think. The band does give warmth and protection from chill, and for this reason is to be worn by children subject to diarrhoea and at the time of such a disease, but otherwise a warm knitted shirt answers every purpose.

Feeding the baby before the milk comes is a pernicious but common practice. Babies do not starve as is commonly thought, and feeding them with molasses

and water, catnip or any kind of tea, gin and water, sugar and water or even milk, except as stated below, will almost always do harm, cause indigestion and colic. The only feeding allowable, except the nourishment from the breast, is two teaspoonfuls of warm water when the baby cries. The second day, if the child does not obtain much breast milk and cries a good deal, mix one teaspoonful of milk with two of warm water and give it not oftener than once in three hours if it becomes necessary to pacify the child.

Proper nursing is of the utmost importance. Under the following conditions a mother should not nurse a child: the presence of pulmonary tuberculosis (consumption), or strong hereditary taint, scrofula, syphilis, childbed fever, abscess of the breast, and after the menses have returned.

Some women do not have enough milk to nurse a baby (page 288), or else the milk is of too poor a quality: efforts to improve either condition are seldom thoroughly successful. Forced milk is very often of poor quality, — as a careful analysis will show.

It is an important fact to remember that a child which nurses well and obtains as much milk as is necessary will always urinate often and profusely. This relation between nursing and urination is of great service as a guide to the amount of nourishment a child actually obtains in cases of sickness. A baby commonly has three or even four stools in twenty-four hours of a soft consistency and yellow color.

The best evidence that a mother's milk is good is the way the infant thrives; for the first ten days or fortnight the child will lose a little in weight. After

this it should gain from two thirds to one ounce a day, *i. e.*, nearly half a pound a week for five months, and half that proportion after the fifth and up to the twelfth month. When the flow of milk is very excessive, it is often of poor quality; the first that comes is inferior to the last. For this reason, apply the neck of a heated bottle to the nipple to draw out the first flow of the milk, then the child can nurse and obtain the better quality of the secretion.

The regular hours of feeding should be followed closely. It injures a child to nurse or feed it at irregular periods. Frequent nursing causes a concentrated secretion of milk which is almost sure to cause indigestion, and nursing at long intervals produces a poor quality of milk which does not afford enough nourishment. Until the milk comes in the breasts, the child should be given an opportunity to nurse every four hours. It will not obtain much nourishment, but enough for its needs. If the baby cries much and an occasional teaspoonful of warm water does not quiet it, a teaspoonful of a mixture of one part of milk and two of water can be given once in three or four hours, but anything else, such as sugar water, aniseed, or any other abomination so commonly used, must not be given. After the milk in the breasts has come, nurse the baby once in two hours for the first week, once in two hours and a half after the first to the seventh week, and once in three hours after that time. A good way to begin is to nurse at midnight and not again till four o'clock in the morning. This interval can be gradually increased without remonstrance from the baby so that the mother can rest from ten to six; but if

a period of nursing is once established between the hours mentioned, it is exceedingly difficult to discontinue it and causes much needless care and loss of precious sleep. A vigorous child ought to empty a breast in fifteen minutes. The infant should be trained to nurse till there is no more milk and then stop. Never allow a child to go to sleep with the nipple in its mouth or to prolong nursing needlessly. It soaks up the skin and softens it so that sore nipples are the result. Do not take up the child every time it cries or fondle it unless it is evidently in pain. It is a wonderfully easy thing to get the child into habits which add very much to the amount of unnecessary care, and babies learn very soon that a certain amount of crying will bring petting and carrying. Nurse babies for four months if possible, and a year if the milk is good and the child thrives. It is a good plan for the mother to set her milk occasionally and observe its richness by the cream which rises. The same quantity of milk should be set in the same glass or test tube and at the same temperature. Mark the thickness of the cream on a piece of paper for comparing each test. In other words, weigh the baby every seven days, and nurse as long as the child is healthy and continues to gain in weight as previously indicated. Nurse in summers and wean gradually in winters. If a child does not nurse, the milk can be drawn with a breast pump and fed with a spoon. This is cleaner than a nursing bottle ; but if a baby is fed with a spoon for a few days, it seldom can be made to nurse. The nipples must be washed and dried carefully before and after each nursing.

A nursing woman should have an abundant but simple and nutritious diet, avoiding all sour food, drink and fruits, highly seasoned food and that which generates gas in the bowels, as cabbage, beans, peas, and also onions. She must be as free as possible from all mental anxiety. If by any means she receives a fright or becomes angry, she must never nurse her child within twelve hours afterward. The milk secreted at this time usually makes the baby sick, and must be drawn from the breasts.

If the food disagrees with a baby or does not contain enough nourishment, the following symptoms are likely to appear: If there is a lack of good food, the child is only temporarily satisfied, and cries or fusses before it is time for the next feeding; besides this the child will fail to gain, as it ought to do, in weight. If the food is not suitable for the infant, the baby is apt to have colic, to be fussy and irritable, to have a coated tongue, to cry after eating, to show white curds or slime in the stools, to pass strong-smelling urine, which irritates the skin, and the baby will not gain in weight. If these symptoms are not relieved, usually by a change of food, pallor of the face with a thin, drawn expression, bright eyes with dark streaks beneath them, nausea, vomiting, and diarrhœa appear, and the baby dies.

Only part of the above symptoms may appear at the beginning, but a mother should know what they mean and not neglect the child's food till her baby is seriously ill. It sometimes happens that the mother's milk is at fault, but indigestion is more commonly produced by prepared foods. No artificial food can replace human milk, no matter what the manufacturer may claim or

how fine the analysis may appear. The advertised analyses of infant foods are generally to be regarded with suspicion.

A great deal of sentiment is foolishly wasted by some mothers in regard to wet-nurses. If the child does not thrive at its mother's breast, the best substitute is always a wet-nurse, if a suitable one can be found. *Never use so-called soothing syrups under any circumstances unless you wish to soothe your baby into its grave.* A wet-nurse should have milk about the age of the child, of a good, white appearance and not of a bluish watery color. A single globule of good milk will remain on the finger nail. If one can afford it, her milk should be analyzed by a competent chemist, and not vary much from the following general average of healthy woman's milk. Slight alkaline reaction. Specific gravity, 1028 to 1034.

Fat	3.00 to 4.00 parts.
Albuminoids	1.00 " 2.00 "
Sugar of milk	7.00 "
Ash	0.50 "
<hr/>	
Total solids	11.50 to 13.50 "
Water	88.50 " 86.50 "
<hr/>	
	100.00 100.00

A simple and excellent way of testing the milk is to see the infant which has been using it; if that child is plump, well nourished, and vigorous, it is reasonable to believe that her milk is good. When the mother's milk is poor in fats and albuminoids, an increased amount of physical exercise often improves the milk. Large, fat

breasts are no sign of ability to secrete milk. The breasts should be of good size from the amount of glandular tissue in them, which is felt like good-sized portions of moderately firm tissue, slightly irregular to the touch. Large, blue veins running over them, and large projecting nipples from which the milk will squirt out on squeezing the breasts, are good signs. The best age is from twenty-five to thirty-five. Blondes are somewhat better than brunettes. A person of cleanly habits and of sunny disposition, with milk about the same age as the infant she is expected to nurse, is very desirable. A sickly woman who has had many miscarriages, or who suffers from any hereditary disease, such as scrofula, ought not to be engaged. Besides the contraindications to nursing mentioned on page 297, there may be other reasons why a wet-nurse is not fit to nurse a child, which demand a careful examination of her by your family physician. When you engage a wet-nurse do not allow her to care for her own child at the same time. Make her happy and comfortable; give her light work to do, it will occupy her mind, and the exercise is good for her health. Feed her on plain, good, nourishing diet, such as milk, beef, mutton, eggs, and ordinary vegetables. Over-feeding with rich food, to which she is not accustomed, may stop the secretion of milk or make it too rich for the baby to digest.

Patent foods of all kinds are generally unreliable, as they do not correspond with the constituents and proportions of mother's milk, and the statements of an advertisement afford no guarantee of reliability. Many of the foods in a dry or powder form contain constituents unsuitable for a young infant's stomach. Babies

fed on these foods often gain in fat but not in muscle, and in spite of a blooming appearance have very feeble powers of resistance if they are taken sick. Condensed milk, with very few exceptions, contains too much sugar. No one preparation of any kind is absolutely perfect, but mixtures of cows' milk are the best for nearly all cases. The milk from a good herd of cattle is better than the milk from one cow, as it will be more uniform in quality. Very rich milk, such as that given by Alderney cows, is too rich for a young baby; milk from good native or Ayrshire cows is far better. The old-fashioned rule of giving the baby equal parts of milk and water, gradually increasing the proportion of milk as the baby grows older, is a good one, but careful investigations have shown much better ways of preparing the milk.

Boiling the milk slowly for half an hour or more changes the taste of it, but it makes it much more digestible, and it also destroys nearly, if not all, the germs which cause diarrhoea and cholera infantum when taken into the stomach. This boiling, *i. e.*, sterilizing, the milk has marked a great step in advance in infant feeding, and in the prevention of disorders of the stomach and bowels, especially during the summer season. Over-feeding may be as much a cause of stomach disease as under-feeding. A baby's stomach is very small for the first few weeks, and will contain only two or three tablespoonfuls.

Never neglect to weigh a baby every week and to write it down; constant gain in weight is the rule for every healthy baby, and if this is not observed you may be sure that something is radically wrong. The follow-

ing table indicates the feeding of the preparation recommended below :—

Age of the Infant.	Weight.	Amount of Food at each feeding.	Frequency.	Number of times in 24 hours.
1st week.	6½ lbs.	1 $\frac{2}{3}$ = 2 tablespoonfuls.	Ev'y 2 hrs.	10 times.
2-4 wks.	7 lbs.	1½ $\frac{2}{3}$ = 3 tablespoonfuls.	Ev'y 2 hrs.	10 times.
4-6 wks.	8-9 lbs.	2-2½ $\frac{2}{3}$ = 4-5 tablespoonfuls.	Ev'y 2½ hrs.	8 times.
6-16 wks.	9-13 lbs.	2½-4½ $\frac{2}{3}$ = 5-9 tablespoonfuls.	Ev'y 3 hrs.	6 times.
16 wks. to 6 mos.	13-17 lbs.	4½-6 $\frac{2}{3}$ = 9-12 tablespoonfuls.	Ev'y 3 hrs.	6 times.
6-12 mos.	17-26 lbs.	6-8 $\frac{2}{3}$ = 12-16 tablespoonfuls.	Ev'y 3 hrs.	5 times.

In a general way it may be said that the weight of the baby is more important than its age, so that while general averages are indicated in the above table, exceptional cases are liable to occur which need different feeding. After the first month, add one ounce of food (two tablespoonfuls) for every pound the baby weighs in excess of the weight given in the table. The first thirty days of an infant's life is a critical period for the establishment of its digestion, and the utmost care in feeding is necessary. If there are special reasons for extreme accuracy in feeding at this time (*i. e.*, first thirty days), the following rule is reliable: one one-hundredth of the baby's weight and fifteen drops for each day it has lived will represent the amount to be fed once in two hours and ten times in twenty-four hours. Estimate a minim equal to a grain, sixty minims to a dram, and two drams to a teaspoonful, measured in a graduated glass.

If you are able to procure the thin cream extracted by machinery from fresh milk, take three tablespoonfuls of it and mix it with two tablespoonfuls of good,

fresh milk. Next dissolve three and three eighths drams of sugar of milk in ten tablespoonfuls of freshly boiled water and mix it with the milk and cream, then steam the whole in a sterilizer for half an hour, and afterwards add a tablespoonful of lime water, cork tight in small bottles and keep them in a cool place. Most of the ordinary cooking steamers can be used instead of the sterilizer if the bottles of milk will fit in the steamer under a tight cover. If the thin cream cannot be obtained, let a quart of milk stand for three hours in a high, narrow pitcher, and then carefully pour off the upper half of the milk without stirring it. Use five tablespoonfuls of this rich milk instead of the above mixture of milk and cream, and prepare it in a similar manner. This preparation of milk is practically the same as mother's milk from a chemical point of view, but the test superior to all others is the process of digestion in the infant's stomach. This always declares in favor of mother's milk.

When a mother is travelling many days or weeks with her baby and with only short intervals of rest, it is difficult to procure fresh milk of uniform quality, and some other food can be used for the time being, such as unsweetened condensed milk, Eagle or Anglo-Swiss condensed milk, or Mellin's food. I wish to repeat, however, and with emphasis, that in my opinion there is no patent food equal to the mixture of milk and cream prepared exactly as has been directed.

The food should be given at exactly the same temperature each time. The nipple should be attached directly to the bottle and not connected by a rubber tube to the nursing bottle, which is worse than useless,

as it will cause a sore mouth. Wash the nipple thoroughly before it is used for the first time; wash it before and after feeding, and when not in use keep it in fresh cold water. Select a nipple made of black rubber, and a short one rather than a long one which tickles the throat and makes the baby gag. Better have two fine holes which can be enlarged by a *red-hot* No. 12 needle, than a large hole in the nipple which allows the milk to escape faster than the baby can swallow it. The

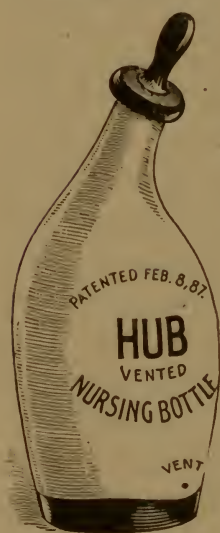


FIG. 21.

Hub nursing bottle is excellent. The vent at the bottom allows the air to enter as the milk escapes. The baby is less likely to swallow air and to suffer from colic in consequence. The bottle must be thoroughly washed and scalded after each feeding. The sterilized milk can be warmed without emptying the sterilizing bottle by suspending the latter in warm water in a notched piece of wood fitting around the neck of the bottle and extending across the vessel. There are three sterilizers used for preparing milk, any one of which is good, — Arnold's, Soxlet's, and Siebert's. Further information can be obtained by addressing R. Van der Emde, Second Street and Bowery, New York, or Eimer & Amend, corner of Eighteenth Street and Third Avenue, New York. When milk has not agreed with the baby I have used with advantage Fairchild & Foster's peptogenic milk powder. Its use should not be continued too long, lest the stomach become inactive from lack of exercising its functions.

Lime water can be prepared as follows: mix in a glass a quarter of an ounce of powdered quicklime and three tablespoonfuls of water ; after slaking, add half a pint of water and stir it occasionally; let it settle and throw away the water. Add five pints of water to the lime which has settled, stir thoroughly, allow the coarser particles to settle again, and pour off the turbid liquid into a glass-stoppered bottle. The top of this becomes clear and is ready for use.

Barley water is good for babies having a tendency to diarrhœa. Pick over and wash three tablespoonfuls of pearl barley. Cover it with cold water and let it soak four hours. Stir it all

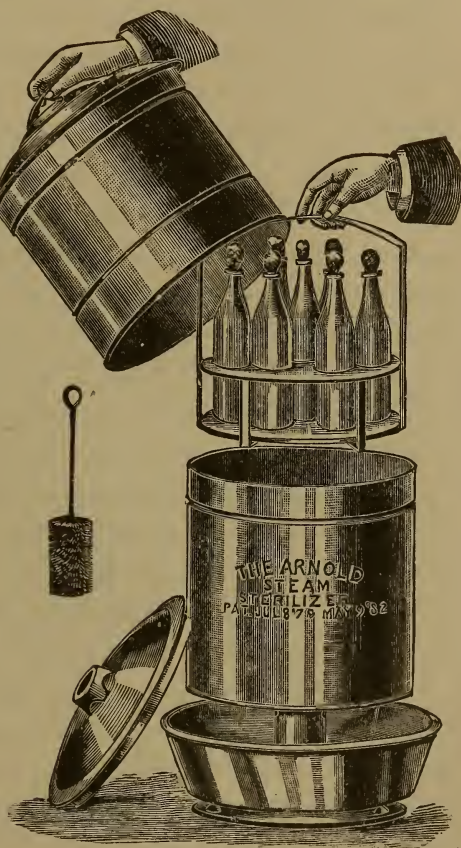


FIG. 22. The Different Parts of the Arnold Sterilizer.

into three cups of boiling water in a farina kettle, cover the kettle, and let the barley cook for an hour and a half. Strain it through coarse muslin, and salt enough to destroy the flat taste. Keep it in a cool place and prepare it fresh each day. Use one part of this barley water to two

or three parts of milk, and add enough water to obtain the proportions of the sterilized mixture which is prepared and given in the usual manner.

Oatmeal water is often excellent for constipation in infants. It can be prepared like the barley water, a tablespoonful of oatmeal to a gill of water, or by pouring cold water through crushed oatmeal in a sieve and slowly cooking it down to the consistence of very thin gruel. Oatmeal should be strained through an ordinary sieve and not through muslin, as then the particles of husk are removed which relieve the constipation. Oatmeal is likely to disagree with very young infants, and may cause a fine, rough rash on the skin, especially in the summer time. It is given the same as barley water, and more or less is added to the milk as it may agree with the child.

Arrowroot should not be used till after the baby is a year old, and then sparingly. It contains too much starch. In fact, no starch or sugar should be given to a child till after it drools freely. After a baby weighs sixteen pounds, *i. e.*, about the age of six months, the proportion of milk in the food can be increased, adding a teaspoonful of milk and subtracting a teaspoonful of water once in two weeks or even a little oftener, if the baby continues to digest the food equally well. A baby weighing twenty-four pounds, and ten months old, ought to be able to digest pure milk.

So long as the child is well and gradually gaining in weight, there need be no hurry in adding new articles of food, especially if it is teething, or during the summer season when the baby is more susceptible to changes in food than in the winter. After the second summer, or

after the infant has sixteen teeth, it can be *gradually* accustomed to a larger dietary. Solid food should not be given till after the baby is a year old. A little mealy baked white potato, with a little butter and salt for seasoning, well baked stale bread and butter, an occasional plain cracker, with or without soaking in milk, mutton broth, red dish gravy from roast beef or the juice of a lightly cooked steak pressed out with a meat press, mixed with potato or bread crumbs, thoroughly cooked oatmeal, wheat in some form, Robinson's Groats, and Imperial Granum are good articles of food to take occasionally in alternation with the regular milk diet. After the child is accustomed to these new articles of food, it can be given a piece of rare steak or rare roast beef to suck, a little minced chicken, beef, or a soft-boiled egg. Fruits, berries, and sweetmeats are not to be given, and the child should not be brought to the family table to be tempted by unwholesome food. It is often necessary to give a glass of milk or a piece of stale bread and butter at some *regular* hour between meals, but regularity in feeding must be strictly observed and no food be given at other times. This diet is ample till the child is three years old.

Sweating of the head is common in children who do not have lime enough in the system. Such an infant is late in cutting teeth, which decay early; the soft places in the head are tardy in closing up, the face is usually pale, a little blue under the eyes, and the expression is rather wan or pinched. Under these circumstances never forget the wonderful curative power of *Calcarea phos.* 3^x trituration, a powder the size of a bean once in four hours. If nothing is done for such babies, rickets

are liable to follow and cause some deformity of the bones.

When infants chafe about the groins, take special pains to see that the diapers are thoroughly rinsed in clear water after washing them. Press out the wrinkles, but do not iron them hard. Nursery maids are often careless, use strong soap or turpentine to wash the clothes, which will surely irritate the tender skin of a baby if these substances are not thoroughly washed out of the napkins. Sometimes the chafing is caused by unhealthy urine, depending on indigestion and improper

food. Rice powder or fullers' earth is an excellent application for chafing.

Babies born before full time of pregnancy are difficult to rear, not only because the digestion is very weak, often neces-



FIG. 23.

The Incubator with front cut away to show the position of the baby and the division of the compartments.

sitating the introduction of a small tube down the throat into the stomach to feed them safely, but also from the well-known fact that their bodies do not generate heat enough to support life to advantage. It is necessary, therefore, to keep them warm. This is sometimes accomplished by a thick padding of lambs' wool around them, but by far the best is the incubator, which can be made by any carpenter. The accompanying illustration gives a sufficient idea of the measure-

ments and principles for its construction. The lower compartment is heated either by the reservoir of warm water or hot-water jugs renewed as often as necessary to maintain a temperature of eighty-five to ninety degrees as measured by the Fahrenheit thermometer tacked on the side of the upper compartment and in plain view through the glass lid. The child is kept all the time in the upper compartment, except when fed and bathed, which must be done in a very warm room. By the use of this incubator many children have been saved which otherwise certainly would have perished.

Nursing sore mouth is nearly always due to lack of cleanliness of the child's mouth and the things taken into the mouth. The white, curdy spots are due to the presence of a parasite, the *odium albicans*. It is easily cured by scalding the nursing bottle and rubber nipple more thoroughly, or more carefully washing the breast if the baby nurses. Washing the baby's mouth with water containing as much borax as will dissolve in it is very effectual. I have seen remarkably good results and very prompt cures from the following wash : —

℞ Resorcin, .25 gm.
Aqua, 150 gm.

Sig. Mouth wash to be used mornings and evenings. *Mercurius viv.* 3^x, once in three hours, is a good remedy for sore mouth and canker if the gums are swollen and sore. *Nux vomica* 3^x once in three hours is better if the baby is constipated and suffers from indigestion.

CHAPTER VIII.

FACE, FORM, AND BEAUTY.

THE title-page of this book certainly does not suggest a chapter on cosmetics or dermatology, and yet the author believes that most of his readers will be interested in the subject, for the simple reason that women afflicted with diseases of the pelvic organs early lose the delicate, clear skin and rose-tinted cheeks so highly prized by beautiful women. The author desires to avoid "preaching," but it should never be forgotten that a woman is attractive more from a combination of charms than for any special one. Beauty alone is not enough, even in an educated person. How often a fine face is associated with poor carriage, a bad gait, and faulty dressing! A woman having a plain face with much expression, an erect bearing, a healthy skin, and good taste in dress, often becomes very attractive, far more so than the owner of a pretty face and nothing else. Good taste in dress, rather than expense or even fashion, is of no little importance and too often under-estimated.

Ladies in general do not half appreciate how much an erect figure and good walking add to personal charms. It is rare to see a woman with a really fine carriage which is independent of tight lacing in stiff corsets; yet such a woman almost always has a

distinguished appearance, independent of beauty or even costly dress.

A fine carriage means an erect, straight figure with the shoulders well back, the chest forward, and the chin drawn in a little. It is hardly necessary for a girl to go through the "setting up" of a West Point cadet, but there are various things she can do with great advantage toward developing a fine figure. It is important to remember that the best results are obtained by early training, and that efforts in this direction after the age of twenty usually are unsuccessful. The proper time to begin these exercises is at the age of twelve or fifteen, and they should be continued persistently for eight years, till the habit of erectness and good walking is so fixed it will remain through life. The usual training in a ladies' gymnasium is of material benefit, but comparatively few girls can enjoy such privileges. It is an easy thing, however, for a girl to walk ten minutes every day in her room, with a light book balanced on top of her head, her shoulders drawn back, her chest thrown out, her figure erect, her elbows pressed close to her side, and the palms of her hands turned toward the front, or instead, her elbows can be drawn back so that a cane can be passed behind the back and in front of the elbows, and the toes turned out at an angle of forty-five degrees. The cane between the elbows and the back is an excellent exercise in connection with horseback riding. The erect position given by such exercises should be carefully maintained in walking about the house or the street till it becomes a fixed habit. If young ladies knew how much more attractive they

were in consequence of simply having a fine carriage and an erect position, these exercises would be the constant fashion. It may be well to remark here, that the habitual use of the rocking-chair is almost sure to destroy an erect position. High-heeled and tight shoes make it almost impossible for a girl to walk well and to stand straight.

Corsets may improve the fitting of a dress and appear to support the body, but they weaken the abdominal muscles, and when they are tight do serious injury to the generative organs. The hand always should slip easily up and down beneath the corset. It is better for a girl to wear a waist and only put on a corset for unusual dress occasions, than to wear habitually a corset. A hard, rigid corset should not be worn, nor should the weight of the skirts come over the abdomen and hips. The Equipoise corset has been very satisfactory to some ladies, and the Jeaness Miller costume avoids very many of the objections to the usual mode of dress.

Good complexions are best obtained and preserved by attention to the usual rules of health, such as moderate exercise in the open air, plain food, no rich pastry, very few sweets, no oatmeal in warm weather, and but little buckwheat at any time, and to securing daily evacuations of the bowels. Never touch any pimples on the face, as they are liable to spread. Tea drinking spoils a fine complexion. Go to bed early in the evening, but do not sleep late mornings. It is better to take a second nap in the day than to lie abed.

A good complexion is quite independent of features or of figure, and can hardly be limited to any one

shade of color. It must have certain characteristics, such as clearness, delicacy of skin, and freedom from blemishes. A fair white skin and cheeks of a delicate pinkish hue, which easily comes and goes under the influence of mental emotions, is generally the most desired, even though fashion may sometimes demand more color in rose or brown shades. Bright eyes with clear, liquid depths, large pupils, long eyelashes surrounded by clear, white, unwrinkled skin, add much to a girl's face.

Young ladies who do not care for beauty are certainly few in number, and yet a large majority of them entirely ignore these things of the utmost importance. A fine complexion almost invariably requires *good health* and *healthy living*, and for a third thing, *beauty once lost is seldom restored*. Complexions are the gift of nature, and are not to be manufactured to order by any one. Art can never compete with nature. A girl without this gift will do far better to improve in charm of manner rather than to attempt to acquire artificially what nature has denied her, remembering that most young men like a pretty face to flirt with, but not to live with.

These sentences are not to be construed into meaning that it is useless to attempt any treatment for the skin. It is often susceptible of much improvement if the right measures are employed. The removal of blemishes, such as moles, coarse hairs, spots, freckles, pimples, excessive oily secretion, etc., often makes a wonderful transformation in a girl's face. Much can be accomplished in preserving youthful beauty, and the real secret of it lies in good health and hygiene rather

than by artificial means, though the latter may be helpful when intelligently employed.

The pinkish color of the skin depends upon an innumerable number of minute capillary blood-vessels on the surface, and the red color of the blood circulating in these capillaries shines through the surface and gives the skin its rosy hue. It is evident that if the blood becomes pale and watery, or if it circulates poorly, the color of the skin will be affected directly by it. A deficiency of hemoglobin in the blood is commonly shown by an unhealthy, dirty-white skin. It is also apparent that what brings healthy blood to the surface, and makes it circulate there, will preserve this rich color of the skin. A clear skin must be healthy in all its functions and belong to a healthy body. The glands (pores) must secrete freely watery and not an oily perspiration. The latter is often accompanied by large pores, giving a coarse appearance, and which also fill with dirt causing pimples with black heads. The digestive organs must act well. Dyspepsia and constipation are common sources of unhealthy skins. Uterine troubles often cause pimples or a haggard look, especially about the eyes. An unhealthy action of the liver is a common cause of yellow eyes, sallow skin, or yellow spots about the eyes, bridge of the nose, or around the mouth. Deficient action of the kidneys produces bloating of the face, a waxy skin, and puffing under the eyes. Very many girls are troubled with pimples at the age of puberty, which disappear when regular, healthy menstruation is established.

The author desires once more to emphasize that the

first requisite for a fine skin is to have a healthy one, and unless good health is present, not much can be accomplished by any treatment. Most of the preparations advertised for the skin are of no value, or are actually poisonous. In no department of medicine are absolutely pure drugs and carefully prepared fats more necessary than in toilet articles. The author intended to publish in full the formulas for the various articles mentioned, but in many of them it is very uncertain as to whether the best of materials could be obtained, or the best processes of manufacture would be observed. The publishers have therefore decided to have some of the most important and reliable preparations carefully prepared by an expert with a distinct name and *stamp* which insures their genuine character to any one desiring to purchase the preparations from them. No arsenic, lead, poison, or any injurious ingredient will be employed except as it is printed on the label.



FIG. 24.

Trade-mark of the preparations recommended and found only on these articles.

Gymnastic exercises will do much to develop the muscles and give symmetry to the figure. Thin, scrawny necks and high collar bones, also small, poorly developed busts, can be improved by daily rubbing and kneading the muscles of the neck and chest, also the breasts, with pure olive oil or melted refined cocoa butter. This should be accompanied with shoulder exercises, as rotary motion, moving the shoulders up and down, and forward and back; swinging the arms round over the head, and forcible extension and flexion of them, also promote the development of the muscles

of the chest. Patient, daily practice of the above directions, for at least a month, is almost certain to bring improvement.

Water is one of the most valuable of all cosmetic agents ; together with soap, its use measures the degree of civilization. Aside from cleansing purposes, the action of hot or cold water has a decided therapeutic effect ; as drink, it improves nutrition, and thus indirectly does much to improve the health. Water, as commonly employed, is often impure ; lime is a common ingredient, and then the water is called hard in contradistinction to soft or rain water, which is free from mineral salts. "Hard water" is usually preferred for drinking purposes, but salts of calcium or magnesium in it make the delicate skin raw and coarse. In other words, *pure water*, free from all organic or inorganic ingredients, should be used for the face and hands ; rain water is one of the nearest approaches to pure water. Distilled water can be obtained for a moderate price in most cities. Hard water is purified in a measure by boiling, or by the addition of a little *ammonia* to the water, enough for the water to have a slight odor of ammonia after stirring it. *Ammonia* and water is excellent to cleanse the skin when it has been covered with profuse perspiration, and also after the bites of insects. *Alcohol* in water leaves a pleasant, cool effect after the bath, which arrests perspiration for a time, and is very agreeable in warm weather. *Bay rum* has a similar effect, and its fragrant odor is preferable to alcohol for some ladies. In either preparation the evaporation of the spirit diminishes the temperature of the skin, while at the same time it

stimulates it and makes it less susceptible to change of temperature and drafts of air. This is taken advantage of by physicians who often order *alcohol*, *bay rum*, or *whiskey* and water, for bathing the neck and chest of people who easily take cold, and are very susceptible to drafts of air. A favorite method of my own is to use daily the pure *alcohol* with a fine hand spray, about the throat and chest, followed by vigorous friction with a coarse towel. *Vinegar* in the water, just enough to give a slightly sour taste, is helpful for a very oily skin.

Soap is commonly used with water for cleansing purposes. It is hardly necessary to describe its chemistry or process of manufacture. Cheap soaps strongly scented, or strong alkaline soap, should not be used on a delicate skin; indeed some ladies must dispense with soap entirely. The white olive-oil soap and the Russian egg soap are among the best toilet soaps. An abundance of lather is not necessarily a test of a good toilet soap. After using soap and water never neglect to rinse the skin with pure water, as the soap left on the skin is apt to make it coarse. Glycerine or transparent soaps are very apt to be impure and unfit for use. If you wish to prevent wasting of an expensive soap, keep it in a wire rack where it will drain freely and not soften in water. Pumice-stone soap is excellent to scour stains from the fingers. *Washing powder*, composed chiefly of almond meal, is an excellent substitute for soap, where the latter cannot be used. Unfortunately the value of this powder is not generally known to ladies who have very delicate skins. This same powder is also valuable when the skin does not tolerate water.

Bathing.—The skin of some persons, especially on the face, is made rough and chapped by water. In some instances this is due to not carefully drying the skin or not rinsing off the soapsuds after washing. The frequent use of water on the scalp is very apt to produce dandruff, falling out of the hair, and baldness. Frequent bathing in hot water relaxes the skin, dilates the blood-vessels, and makes the individual more susceptible to atmospheric changes. The excessive use of cold baths makes the skin dry, leather-like, without elasticity or fat. On the other hand, an occasional cool bath tones up the system, brings color to the cheeks, and has an excellent effect on the general health. Cold-water baths should be taken in a warm room, and only by persons of good reaction as shown by the glow of the skin, and a feeling of warmth from vigorous friction with a coarse towel after the bath : five to ten minutes is enough for either hot or cold baths. Sponges are apt to become greasy on the surface in a short time. For this reason the Egyptian loofahs are preferable. It is said that Egyptian women are much indebted to these loofahs for their fine complexions. It is a good plan to follow a lukewarm bath with sponging off in cool water. People who suffer from eczema (salt rheum) should apply water very sparingly and then carefully dry the skin.

Inunction with fats after the bath is an excellent means of protecting and preserving the skin which is not generally known or appreciated. It was chiefly by this means that the Grecian and Roman ladies in ancient times preserved the beauty of their skin to a ripe old age. Fats should not be employed as cosmetics

when the skin itself contains much fat, excretes much oily perspiration, or in which there are many large hard pimples which fester or contain black points. They are chiefly indicated by a rough, dry, and dull skin. Fat is applied to the skin by rubbing it in lightly with the hand except on the face, when a piece of soft old linen is better than the hand. The best time to use a salve or pomade for the face and hands is on going to bed, after washing and thoroughly drying the skin. If used at other times when a prolonged application of the fat is not desired, the pomade can be wiped off with a cloth, leaving a very thin layer on the skin which is excellent to retain any powder dusted upon it.

When a more effectual application is desired, take a pair of suède or doeskin gloves, turn them wrong side out, coat them with the salve and put them on the hands, reversing the gloves as they are drawn on the hands. Some ladies prefer to anoint the hands and then draw on the gloves; others prefer to knead the gloves in a mixture of almond oil and yolk of egg, to keep them in a cool place, and to wear them all night. Almond powder and Standard Honey Almond Meal are mixed with water to a thick cream consistency, applied to the face and hands at night, and wiped or washed off the next morning. The author can recommend the following pomade for general inunction of the body after the bath and for massage:—

℞ Lanolin anhyd. ℥ iii.
 Ol. caco ℥ i.
 Vanillin.....gr. vii.
 S. Pomade.

Standard Pineapple Cream is very cooling to the skin and refreshing, especially in the summer time, and as

it is an excellent beautifying agent, it is very popular with many Vienna ladies. When ordinary fats are disagreeable and glycerine does not agree with the skin. Standard Snowflake Cream has met with deserved favor. Standard Cold Cream, perfumed with roses or violets, is a very superior preparation of this kind, and is good for roughness or chapping of the skin, as well as to preserve it. When the skin of the face or hands becomes dry, rough, and raw, water should not be used, and Standard Honey Almond Meal is an excellent cleansing agent, while at the same time it heals the skin and makes it tender and flexible. Standard Dent de Lion Crème (Dandelion) is a popular application to soften the skin, and Standard French Cream has proved of more than ordinary efficacy in beautifying and preserving the skin, as well as softening a rough skin. Like Standard Vienna Cream, it dries immediately without heat or leaving the skin greasy, so that the most delicate glove can be worn without injury three minutes after it is applied. Preparations of glycerine are poisonous to many delicate skins; others find them very helpful. Standard Almond Oil and Glycerine has been used with much success to cure chapped lips and to soften a rough skin. It combines the properties of two of the best agents for healing the skin, and is the best preparation of glycerine for that purpose. Standard Vienna Cream is better for very bad cases, and when glycerine poisons the skin.

Alcohol ranks second to water as a beautifying agent for preserving a fresh and rosy complexion. It must not be diluted too much, nor should very strong

alcohol (ninety-five per cent) be applied directly to the skin. Strong alcohol takes out the water and fat, and makes the skin dry, dull, and lustreless. When the skin is oily or the perspiration is excessive, especially about the hairy parts, strong alcohol or brandy can be used to remove it. The proper amount of dilution is to buy ninety-five per cent alcohol, often called absolute alcohol, and mix one part of this with three parts of water. Some wines containing about this percentage of alcohol are used for toilet purposes. Natural red wines are not as well suited to this purpose as the light ones, on account of the tannic acid present in them.

Stimulation of the skin to increase its color, freshness, and tone is obtained by other agents than those just mentioned. Preparations of some of the balsams are quite effective, but they should not be used continuously; they will finally cause in some persons a little roughness of the skin, and pimples. Varying the use of these preparations with the use of alcohol will almost certainly obviate such a consequence. A very excellent and popular preparation of this kind, used in France, is called *Lac Virginis*, or *Lait Virginal*. Most of the cosmetic fluids (*laits*) of this kind contain lead and mercury. These poisons for a time increase the activity of the preparation, but they are very dangerous to use, and ultimately injure the skin.

Cosmetics are employed in both liquid and powder form. The latter is used chiefly, as it is best adapted to both daylight and artificial light, and more especially the white and red preparations. It should be remembered that circumstances govern the appli-

cation, whether daylight, gas light, or electric light ; the stage or the drawing-room ; each one requiring a difference in color and use of the cosmetic. I quote from a clear description of the use of powders by a distinguished Vienna writer : “The face is first greased with one of the solid pomades, such as paraffine, cold cream, or glycerine. - No part of the face may be omitted, and special attention is to be given to the entrance of the nose, the eyelids, and both surfaces of the auricle ; the superfluous grease should be removed with a soft cambric cloth. White powder is then dusted on, and the superfluous amount also wiped off with a cloth. Next a more or less saturated red is put on near the mouth and nose and rubbed toward the ear. Since rosy ears are admired, these also must be covered. The cosmetic, when applied, must be exactly as desired ; corrections are not often successful. If it be not altogether right, it is better to remove it and begin anew. For laying on the white powder, a hare’s foot is used, or a bit of down from the skin of a swan or a goose ; for the actual cosmetics a little cushion is preferred, made of white plush, or a very soft thin cambric. For artificial light, and when the face is pale, only red is used, a red grease cosmetic being applied to the previously oiled skin. A cloth or the fingers are used for this purpose. The red cosmetic is best made by rubbing up fine carmine and glycerine with the finger. This is then applied to the cheek and spread out with a soft cloth ; with some experience this is very successful. Blondes should not use too much red.

“Moist cosmetics are applied with a soft camel’s-

hair pencil, left until dry, and the excess then wiped off with a cloth. Experienced persons never use these on the face, at the most only on the arms and neck, since the white that they give is too intense and makes the complexion sallow and yellow under artificial light. The moist cosmetics are the most harmful of all, since they are more sure to cause black-headed pimples, and for this reason they should not be used on the face.

“Such a broad use of the cosmetic is not enough as a rule, and detail must be added later. The nostrils are made red with grease cosmetic; the internal corner of the eye is reddened, and the palpebral fissure is lengthened by a black stripe from the outer angle of the eye. A similar stripe is drawn on the hairy border of the lower lid to make the eye brilliant and conspicuous. In order to give the face a certain *je ne sais quoi* of revery or wantonness, a weak black shadow is laid on the lower lid corresponding to the orbital margin, and this makes the eye seem deeper and more languishing. All these little deceptions are necessary for appearance on the stage, but in daily life, if not artistically applied, they appear like flecks of powder when seen in the house or on the street, and like hollows in the cheeks when seen on the stage.

“The eyebrows, when too short, or thin, or light, are lengthened and darkened with brown or black (lampblack) grease cosmetic, applied with a soft brush. The shape and direction are also improved and the deception is made more complete by the fine marks of the brush. If not too great an effect be required, it can be obtained by an almond half burnt over a candle, or the black cosmetic can be applied with a pin when

it is only wished to give a better arch to the brows. The line on the border of the eyelid next the lashes can be drawn in this manner, or the line for the purpose of lengthening the palpebral fissure (space between the eyelids). Lips which are too narrow and too pale are often treated with cosmetics. Only red grease cosmetics, and such as are not poisonous, cinnabar excepted, are to be used. The paint must not extend beyond the red membrane of the lips. The broadening of the red line of the lips with paint is only practised on the middle of the upper lip." (Cosmetics, Paschkis.)

Cosmetics should not be allowed to remain on the face more than a few hours, as their frequent and prolonged use will injure the skin. Water will remove powders and moist cosmetics. Grease paints and powders applied on a greased skin are to be removed by rubbing on more grease and then using soap and water.

The author desires to remind his readers that such a use of cosmetics should be restricted to theatrical purposes. They seldom bear close inspection in daylight, and a woman known to use them is subject to comparison with the demi-monde. He knows few things more ridiculous than to see women of fifty and over, painted, powdered, wigged, and dressed like girls of twenty. He wishes to emphasize what has been said before, that good health and good care of the skin are the secret of beauty. A complexion once lost scarcely ever is restored, and art will certainly fail to supply the perfect tints of nature.

A large proportion of the *face powders* on the market contain metallic salts, which are deadly poisons.

White lead is a very common ingredient of the white powder, and has poisoned many a woman. It may be interesting to note that when a woman using cosmetics containing lead takes a bath in sulphur water her skin turns gray or black.

The constant use of any powder finally will spoil the skin, but the simplest and least injurious of all is Rice Powder, and most of this in the shops is adulterated. Gentlemen find it refreshing to apply with a puff after shaving, on account of its absorbing and cooling properties. Silicate of magnesia is employed by some who rub it on the face with the fingers, and then wipe it off lightly with a soft cloth. Talc powder is another simple and excellent powder which can be mixed with starch to advantage. A good white concealing powder is made of six parts of oxide of zinc, ten parts of talc, and one part of carbonate of magnesia. Increasing the oxide of zinc and decreasing the talc gives a stronger white. This rule answers well for home-made articles which can be prepared by any druggist. The really delicate and finely prepared Face Powders such as those bearing the *Standard trade-mark and stamp* (page 317) require special facilities, delicate materials, and the long experience in which the French excel all other nations.

Care must be exercised in using very white powders, as they are likely to disfigure the skin, giving a clown-face appearance. On this account a little carmine is often added. It is sometimes necessary to apply a little spermaceti or cocoa butter to the skin, carefully wiping off all excess, before the powder can be applied effectively with the puff.

The Standard Cosmetic or Rice Powders are free from the poisonous substances often contained in face powders, and are the only preparations to apply when powder must be used. Standard Poudre de Perles adheres to the skin better than some of the other preparations, and has excellent concealing properties. Standard Vienna Cream is a good fluid white cosmetic. It possesses valuable healing and beautifying qualities, is good for light freckles, coarse pimples, sweaty hands, and for a rough, oily, or chapped skin. Carmine is used in water for a red cosmetic. Pastes are preferred by some for bleaching or beautifying the skin, to powders or liquids. Crushed Violets (Standard) are said by a French author to lend the skin freshness, and to remove red blotches and freckles. Nearly all of the cosmetic powders can be made into pastes by adding spermaceti. The old-fashioned and popular white bread and milk poultice, applied at night with a cloth mask, has still many warm friends, for freshening and bleaching the skin, though it is inferior to the less elegant method of using freely very sour milk in the same way.

Brown and cream effects are obtained by using ochre as in the Standard Rachel powder.

Complexion powders contain arsenic, as a rule, and in spite of the advertisers' assertions of their harmlessness, they are deadly poisons, sure to injure the health and ultimately ruin health and all its charms. These powders are never to be taken under any circumstances.

The natural conditions of the complexion, the means of preserving and beautifying it, have been sufficiently considered, and the author proposes now to describe the

more important methods of treating blemishes and similar conditions which are more or less directly connected with this subject.

Wrinkles are sure to appear as age advances, and if they remain for any length of time, they become permanent. Wrinkles are due to absorption of fat beneath the skin, and to a loss of elasticity in the latter. Treatment must be directed to replacing the fat which has been absorbed, and to strengthening the skin. In rare cases the "crow feet" about the eyes can be removed by a simple operation. Fat is supplied by rubbing in a fat which is easily absorbed. The greatest care is necessary to obtain very pure materials, as they are absorbed directly into the system. Lanolin, which should be entirely free from fatty acids, forms the chief part of ointments to remove wrinkles. One of the very best of these is the following receipt, when it is carefully prepared from very pure materials :—

℞ Lanolin anhyd., ℥ iii.
 Ol. Cacao.....℥ i.
 Vanillingr. vi.
 S. Pomade.

Rub it freely night and morning into the wrinkled skin. Standard Honey Almond Meal is another preparation of considerable merit. When the first signs of wrinkles appear use the Standard Lait Virginal to stimulate the skin, and to give it tone and freshness. Enamels are used for stage purposes and by some society women. They are only suitable for "evening wear," and when cleverly put on will conceal many blemishes, but a close observer readily detects the presence of any enamel. These act by filling up the wrinkles and making smooth the surface of the skin. Repeated

applications of enamel, powder, or grease cosmetic to the skin will lead almost certainly to ugly pimples and blotches which no amount of cosmetics will conceal. It is better to use a good concealing powder like the Standard Poudre de Perle than enamels.

Freckles disfigure many a face, and many are the lotions for curing them. A freckle is a pigmented spot in the superficial layer of skin. Consequently, if this layer of skin is removed, the freckle goes with it, and leaves bare the new, clear skin beneath the original freckled layer. This is the basis of treatment, and the lotions act by removing the outer layer of skin, leaving the delicate, tender skin denuded of its former covering. This new skin is exceedingly tender, more so, for a time, than before the application of the lotion, and will easily freckle again.

It is obvious that a person cannot continue to remove layer after layer of skin, be it ever so thin, and after freckles are removed great care must be taken to avoid any exposure to the sun's rays, even so much as facing the sun in the shade of the piazza of a summer hotel, and especially avoiding the rays of the sun reflected from water, and the wind which is almost unavoidable in boating or sailing. The same is true of tan. Indeed the very best remedy for freckles is prevention. Most of the freckle lotions on the market contain corrosive sublimate, so that while it is one of the most effective agents for removing freckles, it is a deadly poison and should be labelled very plainly Poison. The selection of a remedy to remove freckles must depend somewhat on the nature of the case. When they are very few in number and light colored, each

one can be removed separately by applying only to the freckle a little Standard Parisian Freckle Cream, or if the freckles are light colored, superficial, fine, and not numerous, by using freely Standard Vienna Cream, which is excellent for oily skins, pimples, and freckles which are present to a moderate degree. Freckles are not removed permanently so easily as might be desired, and the liability to recurrence must be remembered. Severe cases of very dark, coarse, deep-seated freckles, yellow patches, or liver spots require very strong preparations, such as the Standard Parisian Freckle Cream, or the Aqua Orientalis, which is a little milder and better suited to a very delicate skin. The last two preparations contain corrosive sublimate, and should not be used on an inflamed or chapped skin. They sometimes cause a little irritation of the skin. Should this occur, omit using the preparation for a few days and apply Standard Cold Cream, Standard Lillien Cream, or Standard Marshmallow Cream freely, which will give prompt relief.

Tan and sunburn are closely related, the latter being an acute inflammation of the skin from exposure to the sun's rays. In mild cases of sunburn I know of nothing so cooling and refreshing to the heated skin as the Standard Pineapple Cream, which is also a perfectly safe beautifying agent. When the burning and smarting are very severe, rub in freely Standard Sunburn Cream. Standard Lillien Cream, Standard Marshmallow Cream, or Calendula jelly. Any one of them is excellent. Standard Rice Powder is very superior to the usual starch powders, and has a fine, soothing effect when powdered liberally on the skin. In less severe cases

Standard Cold Cream is an efficient remedy. When it is desired to remove tan, apply the preparations mentioned for freckles in the same manner and according to the amount of tan, remembering that the new skin will tan *very easily*.

Prickly heat is closely allied to sunburn, and any of the preparations mentioned for the latter is good for prickly heat. An excellent and simple remedy is prepared by mixing equal parts of olive oil (salad oil) and lime water. Shake the mixture thoroughly and apply it freely to the affected skin.

Yellow spots on the skin are often called *liver spots*, as that organ is so often deranged when these spots appear. They are seen either as distinct yellow patches on the forehead or over the nose, or in the form of yellow streaks which are not sharply defined but fade into the color of the surrounding skin. The latter form is often seen about the mouth and below the eyes, often with a yellow hue of the white of the eyes. The first form, *i. e.*, spots, is often seen in pregnancy and among women suffering from pelvic diseases. A dose of *Sepia*^{3x} half an hour before each meal is often very beneficial in clearing the skin from them. Most of the strong freckle lotions will aid materially in removing them. Marchand's *Peroxide of Hydrogen* applied freely to them in full strength can do no harm, and is an excellent bleaching agent. It bleaches hair to a light yellow color, and care must be taken not to touch the hair with it unless such an effect is desired. The yellow streaks about the eyes and mouth are due usually to an overproduction of bile, which is not carried away fast enough by the bowels and is absorbed

into the system. A cathartic often increases the action of the bowels, takes the bile out of the system, and clears the complexion.

Red scaly spots which appear scurfy or chafed are most often seen about the corners of the mouth and nostrils. When accompanied by blistering of the skin these spots are called "cold sores," as they are often associated with taking cold. The treatment of "cold sores" proper will be mentioned later. There are several good remedies for red, scurfy spots on the skin. Lemon juice is a domestic remedy of long use. It is rubbed in on the spot, or a slice of lemon is bound on the spot over night. This is also used for freckles and chilblains. When a good deal of perspiration accompanies these red spots, the treatment recommended for excessive perspiration should be employed, and Standard Marshmallow Cream or Lillien Cream is an invaluable remedy. Vinaigre Cosmétique is suited only for cases where the spots are light colored and have appeared only for a short time and are accompanied by a greasy skin. Standard Marshmallow Cream is almost a sure cure for reddish blotches, small pimples without heads, all moist or red eruptions, and is excellent to freshen the skin. The writer can recommend very highly Standard Lillien Cream for scurfy, red, inflamed spots, fissures, and rawness of the skin. It is excellent for cold sores when once formed, and also for inflammation of the eyelids, and if carefully prepared is an invaluable ointment which is either unknown to the majority of physicians, or not appreciated by them. Calendula jelly is good for all *raw* sore spots on the skin. Both of these last preparations are recommended

for cold sores. When young ladies find themselves suffering frequently with cold sores from taking cold, *Rhus tox.*^{3x} and *Antimonium tart.*^{3x}, taken alternately an hour and a half apart, commencing immediately when the first symptoms appear, will often stop them and prevent recurrence. When there is much swelling of the lips, especially the upper one, take *Apis*^{3x}, a dose once in two hours till better. One thing of special importance should be remembered if young ladies wish to avoid cold sores. It is a well-known fact that they occur chiefly in persons who are overworked, exhausted, and doing too much. In other words, plenty of sleep, fewer parties, and less mental and physical work, *i. e.*, rest, is the chief thing for a cure.

Nævi, or red patches with smooth skin (birthmarks), or large hairy moles, are quite different from the above-mentioned "red spots," and can be cured as a rule by electricity. This requires special knowledge of the subject. Warts and moles can be removed easily in a similar manner.

Excessive perspiration is a trial to many women. It makes the hair and scalp oily and greasy, the skin coarse, open, and filled with black points or ultimately large suppurating pimples; under the armpits it spoils dresses, and both here and on the feet it becomes very offensive and irritates the skin; on the hands it makes them cold and clammy, and in the language of a distinguished professor in the Vienna University, "has often cooled the glow of love."

Most dermatologists are of the opinion that suppressing these profuse perspirations by local treatment is not followed by any injurious consequences. This is

doubtless true in many cases, but from personal observation the writer is convinced that a sudden check of it by harsh local treatment is liable to be followed by very unpleasant symptoms. He would earnestly recommend for this reason simple remedies and more time in curing the case, rather than the use of agents which suddenly suppress the secretion. Frequent washing with cold water and the frequent change of linen are very necessary. Bathing every evening with undiluted brandy or equal parts of alcohol and water after the water bath, and allowing the fluid to dry on the surface, is enough to cure some mild cases. Vinegar is excellent for this purpose when pure, good, and free from impurities. A carefully prepared Standard Vinaigre Cosmétique is the best, but if it cannot be obtained, use a teaspoonful of strong cider vinegar to a quart of cold water. Standard Vinaigre Cosmétique used daily has an astringent action on the skin, and is a most excellent remedy for rough, red blotches, as well as for profuse, oily perspiration. Blondes with a fine, sponge-like skin prefer it to eau de cologne, which, as a rule, is selected by brunettes with a warmer and stronger complexion. Alcohol and vinegar is a favorite combination with many ladies. Never forget to cleanse the skin thoroughly with soap and water before applying any of these lotions. The above treatment is good for the face, armpits, hands, and feet. Powder freely applied after the skin is dry absorbs moisture which appears later, and is advisable except on the face, where it is liable to cause pimples.

Oily perspiration on the face causes a shining, greasy complexion, especially over the nose, which is very

disagreeable. Wash the face twice a day with juniper tar soap, dry it carefully with a soft towel, and use either alcohol or vinegar as described above, and if this proves inefficient after a faithful trial, use Standard Vienna Cream or Marshmallow Cream. In some cases I have seen excellent results, especially when the cases were complicated by ivy poisoning, from the use of *Grindelia robusta*^{6x}, a dose once in four hours. A cure from this remedy is much more satisfactory than from any local application. A greasy, oily condition of the hair and scalp is best treated by frequent washing with cold water and juniper tar soap, drying the scalp and applying once a day with a sponge:—

℞ Acid Tannici...gr. xvi.
 Spir. vini rect.
 Glycerini.....aa 5i.
 Aq. destil..... ʒ iss.

Perspiration under the arms is successfully treated by the measures described above. If an ointment is preferred, the writer can recommend Standard Marshmallow Cream as an efficient remedy. When the perspiration is very profuse and powdering the skin is not enough to absorb the moisture, muslin sachets can be filled with Standard Axillary Sweat Powder and worn under the arms. Standard Sweat Powder is good to powder freely on the skin and inside of the garments. The last-mentioned preparation is an invaluable remedy for sweating of the feet. Wash the feet every night in cool water, bathe afterwards with alcohol or brandy, and then use the powder freely on the feet and in the stockings the next day. Always wear a fresh, clean pair of cotton stockings each day, and loose, thin shoes. Never wear woollen stockings, rubbers, or

patent-leather shoes. When the perspiration is very profuse and the skin is cracked between the toes, fill bits of absorbent cotton with the sweat powder and wear between the toes and over them. *Silicea*^{5x}, a dose before each meal, is very beneficial for offensive sweating of the feet and cracking of the skin. *Calcaria carb.*^{5x} taken in the same way when there is profuse sweating of the feet and ankles, making the feet feel damp, though not offensive or sore.

Pimples are a source of much annoyance, and are often seen only by the young lady herself. In many cases constipation, some pelvic disorder, improper diet, poor digestion, or a low condition of the system is the cause of the trouble, and must be corrected, if need be, by the physician. Never confound pimples with blotches or red, scurfy spots, as their treatment is quite different. Chronic ivy poisoning has produced some of the worst cases I have seen. Under such circumstances take *Grindelia robusta*^{6x} before each meal. If the pimples are associated with a profuse, oily perspiration on the face, it must be cured first as described above. Standard Vienna Cream or Marshmallow Cream is an excellent remedy for pimples or fine black points in an oily skin. A preparation which made a German physician famous is the following :—

℞ Sulphur precip.... ʒ ii.
 Camphor..... gr. x.
 Gum mimosæ ʒ i.
 Aquæ calcis.
 Aquæ rosar..... āā ʒ ii.

Sig. Shake well and apply at bedtime to all that portion of the skin affected by large pimples, and the next morning rub off all the sulphur adhering to the skin without wetting it.

Before applying the preparation at night, it is a good plan to steam the face to bring the pimples to a head, and then to press out the yellow points or festers with a watch key. Never pick the face or any pimples with the fingers; it produces more pimples. A simple and effective way of treating coarse, large, hard, red pimples, which have lasted for some time, is to scour them at night with ordinary soft soap and a tooth brush; wash the face the next morning with Standard Honey Almond Meal, but do not use water.

The simplest and in many cases the best way of treating pimples is to live on very plain food, no pastry, no fried or made dishes, no sweet things, pickles, or sauces, and take a dose of *Sulphur*^{6x} night and morning.

The Hair.—The presence of hair on the face is a disfigurement to many ladies, either about the mouth or on moles. Coarse hairs can be removed easily by electrolysis, and are not likely to return. The removal of a very large number of hairs requires time and is apt to cost considerable money, but electrolysis is the only efficient remedy. The various depilatories and powders advertised are very irritating to the skin. Many of them depend on quicklime for their effect, and the hair grows again in a few days coarser than ever. The razor is better than any depilatory powder, though cutting the hairs always makes them coarse. When the hairs are very fine, soft, and light and numerous, as on the upper lip, the application of peroxide of hydrogen will bleach out the color and make them imperceptible. The hair to be bleached should be washed with strong soapsuds, or borax and water, before the application of the peroxide of hydrogen.

Baldness is usually incurable if of long duration or

if hereditary. If it is the result of disease, as typhoid fever or syphilis, the hair will grow again with the return of health without any treatment other than ordinary hygienic measures. The excessive use of water on the scalp, a sweaty, greasy condition of the scalp, the application of glycerine, dandruff, and keeping the head covered are all common causes of baldness.

The successful treatment of baldness requires that it must be commenced in the very beginning of the disease. This is seldom done, and not till the hair is very thin or the skin bare is the physician consulted ; at this stage the hair follicles are often destroyed and the case is incurable. The most that can be done then is to preserve the remainder of the hair. When the hair is very greasy, with yellowish scales in it, the same treatment must be used as described above for excessive perspiration. The earliest symptoms of baldness are thin, brittle, dry, lustreless hairs which sometimes split ; this condition requires prompt attention. If the hair is dry, a good pomade made from animal fat or pure, unscented oil is a good application ; never use vaseline on the hair or any preparations made from it ; once a month thoroughly rub in the scalp the yolk of an egg, and afterwards wash it out with lukewarm water ; take special pains to dry carefully the hair after washing it ; never wet the scalp if it can be avoided, when the hair is dry or dandruff is present. Brush the hair very thoroughly with a soft bristle brush night and morning ; do not use wire brushes. Combing or brushing the hair in the wrong direction, as well as the use of curling tongs, is injurious. Pains must be taken to improve the general health, and this helps the nutrition of the hair follicles. Wheat germ meal eaten freely

every day in some cases will increase the moisture of the hair and give it more lustre. Care must be taken, when any pomade or oil is applied to the hair, that it is sweet and pure.

When the hair is full of dandruff, there is no better cleansing agent than a teaspoonful of a fine quality of powdered borax and a quart of lukewarm water, followed by bathing the scalp with pure cold water. Dandruff is made worse by wetting the scalp with water, use oil instead. Local applications seldom cure dandruff, but daily prolonged rubbing of the scalp with a pure animal fat improves the circulation and nutrition, and cures many cases of dandruff and falling of the hair. The treatment of baldness requires attention to hygienic care as described above. In its early stages the most effective treatment would be frequent shaving the scalp with a razor for a year and wearing a wig. This is not generally practicable, and resort must be had to less efficient treatment. The scalp must be cleansed from all grease, crusts, and scales before any application is made to it. The egg shampoo or borax and water is excellent for this purpose; but if the hair and scalp are very greasy, soap and water followed by clear cold water will be necessary two or three times a week for several weeks. After this apply the following ointment, made exactly according to directions, rubbing it thoroughly into the scalp with the fingers and brushing it vigorously afterwards with a stiff bristle brush:—

R Pilocarpin mur. 5 ss.
Sulph. praic. . . . 5 iii.
Medull. bovin. 3 iiss.
Quin. muriat. . . . 5 i.
Bals. peruvian. . . 5 vi.
M. S. Hair Pomade.

If the hair is naturally oily, the Standard New York Hair Restorer is preferable. These two preparations for increasing the growth of the hair are unexcelled, and the result of much study and experience of the best physicians of two continents. In conclusion the author wishes to repeat that the successful treatment of baldness requires early and persistent treatment. When baldness has been present for some time it is scarcely ever cured, as the hair follicles are destroyed.

Dyeing the hair or whiskers is almost invariably a mistake, and once begun must be continued as a rule. A natural color of the hair scarcely ever is obtained. Many of the dyes contain lead, and will poison the person using them. The black color produced by nitrate of silver is too black to be natural. Other dyes color the hair nearly all the tints of the rainbow if not frequently reapplied, and the writer must strongly advise his readers to leave alone all hair dyes.

Bleaching the hair is produced by moistening the hair with the undiluted peroxide of hydrogen. Marchand's preparation is recommended. This is the golden fluid sold for bleaching the hair to a very light yellow.

Lips which have lost the rich color of youth do not fully regain it. The color is partially restored in proportion to gain in health and the rich color of the blood. Glycerine usually is harmful to the lips, and ought not to touch them. Any preparation in alcohol or even water should not be put on sore lips. All lip salves must be made from very pure fresh fats. The lips should never be bitten or bits of skin pulled off. Excoriations or chapping of the lips are readily cured by

applying Standard Marshmallow Cream or Lillien Cream. Carmine mixed with the Standard Cold Cream can be used to color the lips or to protect them from the wind. The *imported* Bland's Pills (iron) often restore color to white lips by improving the blood.

A sore in the corner of the mouth with a whitish look in the centre is very infectious and apt to be communicated by kissing. It generally means syphilis.

Bad breath is due to a number of causes which cannot be detailed here. Chief among them are neglect to brush the teeth and cleanse the mouth; decay of the teeth; chronic catarrh; white curdy deposits on the tonsils; a disordered or empty stomach. Proper hygiene of the mouth and good dentistry will cure many cases. Chronic catarrh and a disordered stomach need a physician's care. Peroxide of hydrogen mixed with an equal amount of water, and used as a gargle two or three times a week, is good for bad breath dependent on curdy particles in the tonsils. The following prescription is excellent for a mouth wash:—

℞ Potassii chlorat... ℥ii.
 Aq. destil..... ℥ viii.
 Aq. menth. pip... ℥ iss.
 M. S. Mouth water.

Standard Tooth and Gum Lotion is the best remedy if the gums are tender, soft, or do not cling tightly to the teeth. Standard Dentifrice is a safe and unexcelled tooth powder.

Pastilles de charbon are good to destroy and cure a bad breath associated with the formation of gas in the stomach, though not perfuming the breath like Italian mints.

Hands soft and white are obtained by attention to

the care of the skin as described in the beginning of the chapter. (Compare the subject of fats and excessive perspiration.) Rough, chapped hands are often the result of very frequent washing, especially if the hands are not dried carefully afterward, or if much soap is used which is not rinsed off. Many delicate skins will not tolerate any water except rain or distilled water. Russian egg soap is excellent when it is necessary to use soap, and as a rule, Standard Honey Almond Meal should be used to cleanse the hands, dispensing with water as much as possible, when the skin is so easily irritated by it. Standard Vienna Cream or French Cream is excellent to apply freely on chapped or rough hands. They soften the skin, especially the French Cream, and leave no grease, so that the most delicate gloves can be worn at once without injury. Standard Almond Oil and Glycerine is very healing if glycerine agrees with the skin, and is an economical preparation, as only a little is used at a time.

A simple domestic remedy for *chapped hands* which is often successful is to mix four tablespoonfuls of Indian meal and a little salt in a quart of water; wash the hands thoroughly once a day in this mixture without using soap; dry them carefully and wear snug but not tight-fitting gloves. Standard Vienna Cream is good for sweaty hands. Sunburned hands are best treated in the same way as sunburn and tan. Standard Emollient is an excellent cream to make the *hands white and soft*. It is to be applied freely at night, and gloves worn over the hands both night and day. It is not so well adapted to day use, as it leaves the skin a little greasy as after using vaseline.

The nails are often spoiled by lack of proper care. The beauty of the nail is marked by good proportion, smoothness, translucency, gloss, and an even pinkish color with a regular white crescent at its base. The free border should extend to the finger tip and not much beyond. The nails should not be bitten, cut close to the quick, or the nail cleaner pressed back to separate the nail from the flesh. The nails are best cleaned with a dull instrument, and cut with a sharp one, but not much at the corners, as it will cause ingrowing nails. Keep the line of white skin at the root of the nail evenly pushed back with a piece of smooth ivory. The white spots in the nail are due to an anomalous secretion of the corium, and all remedies are useless for it, though covering the nail with wax sometimes hastens their disappearance. A nail which has been severely bruised often becomes misshapen and sometimes comes off. The new nail growing after it is not so fine in color, but if it is kept covered with white wax during the period of growth it will be much improved. The nails often become brittle with advancing years.

Little pieces of loose skin about the nails are termed in common parlance *hangnails*. These must not be pulled off, but cut off close to the skin. When very numerous and persistent, and also if the nails are brittle, a dose of *Silicea*^{6x} night and morning will improve the nutrition of the skin and in this way cure the hangnails. The application of Standard Marshmallow Cream is also beneficial. Do not scrape the nails unless for some special purpose, as in treating ingrowing nails. Lemon juice applied to the surface only of the nail is an excellent polishing agent, but it is liable

to pucker the surrounding skin if it touches it. Rapid growth of the nails is a good indication that the body is well nourished. Standard Nail Powder is the best polishing and tinting powder which the author has seen. It is soft and delicate, and gives a fine polish without injuring the nail.

Ingrowing nails are common on the feet, and with a little patience are easily remedied. Wash and dry the feet every night; cut the nail squarely across; do not cut out the corners, but let them grow out; scrape the nail on top close to the quick, and then by the aid of a little absorbent cotton turn out the corners from the sore places and press under the edges of the nail a little cotton. Wear loose shoes with plenty of room for the toes during this treatment. If the edge of the nail has caused a raw, sore, festering place, a portion of the margin of the nail must be removed, but the cure of the case will depend on three things, cutting the nail squarely across, leaving the corners to grow beyond the skin; scraping thin the top of the nail along the centre; and wearing shoes with plenty of room for the toes.

Corns are a common annoyance, and must be expected by those who wear too tight shoes. Corn plasters may give temporary relief, but often aggravate the case in time. The following treatment will do good. Wear properly fitting shoes; soak the feet at night in hot water; remove the horny top and point of ingrowing hard tissue at night, if convenient, with an ordinary sharp knife, and apply the following prescription to the corn only. After a few applications the corn is easily picked out. The effect is the same ultimately if the corn is not cut. Cutting merely saves time.

℞ Acid. Salicyl., 3j.
Alcoh. absol., 3v.
M. S. Apply with a brush.

In concluding this subject, the author desires once more to remark that good health is the basis of good looks, and the surest means of preserving beauty. Art may do much to assist nature, but she can hardly improve upon her. Good health, good hygiene, and good sense are essential to those who wish to make the most of nature's gifts.

FINIS.

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